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PAUL CAMERON, Ph. D.

LICENSED PSYCHOLOGIST (#334)  
MARRIAGE AND FAMILY COUNSELOR

July 12, 1982

(402) 489-6176

Mr. Willard French  
Accelerated Christian Education  
P.O. Box 1438  
Lewisville, TX 75067

Dear Mr. French:

It was a pleasure to chat with you today by phone. As per our conversation, enclosed you will find a number of items:

- 1) a copy of the Human Life Review article that captures some of my earlier thinking on the subject of homosexuality.
- 2) a copy of the Journal of Psychology and Theology article that expresses still further development and led to my being used as an expert witness by the State of Texas,
- 3) a number of copies of the one-page prochure I wrote for the campaign here in Lincoln,
- 4) a copy of the letter I sent on behalf of the Committee to Oppose Special Rights for homosexuals to all of the M.D.s in Lincoln,
- 5) a copy of a summary of homosexuals and their involvements with children, especially as teacher-pupil interaction which was widely distributed and discussed,
- 6) excerpts from the Judgement against the Gay Student Services,
- 7) my vita (you will note that I have taught in both secular and Christian schools), and
- 8) a few of the many newspaper articles about the campaign (you will note that the Committee to Oppose managed to draw the largest turnout for such an election in Lincoln at the same time that the rest of the state slumped, further, that we got a 4:1 ratio at the same time that liquor by the drink on Sunday passed -- clearly it was not a conservative landslide).

I am a servant of Christ and seek to do a workmanlike and Christlike job of the homosexual issue. I would invite you to check with Rev. Gale Baldrige of 1st Baptist or Rev. Doug Shada of Berean Fundamentalist here in town (or, for that matter, any conservative pastor whom you know in Lincoln -- I might also recommend Rev. Rick Baum of Temple Baptist) as to my commitment to the Christian cause. I believe that it would be fair to say that I 'forced' the Missouri Synod Lutheran churches here to take the correct stand (you could check with the Rev. Ondov of Trinity Lutheran in Lincoln).

I firmly believe that only the ill informed and rank humanists would wish homosexual activity upon anyone, much less seek to have it legitimized. The truths the social sciences have uncovered do little damage to the cause of Christ, and, in fact, buttress the validity of the Judeo-Christian point of view. I look forward to sharing some of the material I have assembled with you.

PHYSICIANS' BUILDING, SUITE 3      In Christ,  
2221 South 17th Street  
LINCOLN, NEBRASKA 68502  
(402) 475-2665

Vita: Paul Cameron

Clinician/Researcher/Teacher. Interests locate in the developmental/social/personality interface within a life-cycle perspective. Major research concerns center about: 1) personality changes in adulthood, particularly vis a vis lethality and intimacy, 2) effects of various life-styles (e.g., childlessness vs. parenthood, homosexuality vs. heterosexuality), and 3) functions of sexuality in social cohesion. Especial clinical skills with adolescent and marital problems.

Education: B.A. 1961 Los Angeles Pacific College (social science)  
M.A. 1962 California State University at Los Angeles (psychology/sociology)  
Ph.D. 1966 Univ. of Colorado (social/personality: "Age as a determinant of differences in non-intellective psychological dimensions" under Ronald C. Johnson)

Experience, 1973 University of Louisville, Associate Professor of Psychology  
to: 1976 St. Mary's College of Maryland, Associate Professor of Human Development  
1979 Fuller Graduate School of Psychology, Associate Professor of Psychology and Director of Services to Senior Adults  
1980 University of Nebraska, Associate Professor of Human Development & the Family and Staff Psychologist, Great Plains Mental Health Center  
Current, private practice, marriage and family counseling

References: P. G. Ossorio, Assoc. Prof. Psychol., University of Colorado  
G. P. Rowe, Assoc. Prof., Human Devel. & Family, Univ. Nebraska  
Lee Travis, Distinguished Prof., Fuller Graduate School of Psychology  
Glen Martin, Academic Dean, Bethel College, McKenzie, Tennessee  
Fred S. Honkala, Executive Director, Amer. Geological Inst., 5202 Leesburg Pike, Falls Church, VA

Courses Taught: Developmental (childhood, adolescence, young adulthood, middle age, aging)  
Marriage & Family (including human sexuality)  
Social (general social, survey research techniques, personality theory, organizational)  
Philosophical (including motivation, philosophy of science, ethics)

Memberships: National Council on Family Relations, American Psychological Assn., Gerontological Society, Western Gerontological Society, Eastern Psychol. Assn., Midwestern Psychol. Assn., Western Psychol. Assn., Rocky Mountain Psychol. Assn.

Editorships, Graduate Faculty Fellow, Univ. Nebraska  
Committees, Elected, Faculty Senate, St. Mary's College of Maryland  
Honors: Chair, Ethics & Use of Human Subjects, Fuller Graduate School of Psychology  
Consulting Editor, American Psychologist  
Consulting Editor, Journal of Gerontology  
Secretary-Treasurer, Pasadena Area Psychological Assn.  
Board of Directors, Pasadena Commission on Aging  
Who's Who in the East, Who's Who in the Midwest

Born: November 9, 1939, married 22 yrs (Ginny), three children (Kirk, Kim, Karyn)

Address: Physicians' Building, Suite 3, 2221 South 17th Street, Lincoln, NE 68502

Phone: Practice: 402 475-2665 Home: 402 489-6176

## Research Program

My primary commitment is to a developmental/social theory of lethality and intimacy. Recently a number of significant social changes in both lethality (e.g., militarism, abortion, infanticide, euthanasia, and flirtation with incineration of the globe) and intimacy (e.g., prolongation of singlehood, more frequent divorce, and childlessness) have occurred. A theory that would interrelate sociologic events and developmental processes regarding intimacy and lethality might well prove useful. In attempting to generate such a theory my efforts have included:

- 1) an economic/sociologic analysis of the valuation of human life in the industrial world,
- 2) an analysis of media treatment of suicide and homosexuality over the past half century in the United States,
- 3) surveys of participation in lethality and social policy attitudes regarding lethality,
- 4) surveys of patterns of intimacy and life satisfaction across the life-span in the United States,
- 5) a large (numbers now over 9,000) cross national effort to index development of consciousness as a function of economic modernity,
- 6) surveys regarding sublethal activities (particularly smoking, drug usage, and suicide contemplation), and
- 7) relating the material generated above to moral/ethical systems.

My emphasis is upon natural as opposed to laboratory methods of investigation.

Clinically, my orientation is toward the 'status dynamic' or structural point of view. That is, I believe that feelings and sentiments more frequently follow rather than precede social-psychological structural changes. Therapy, therefore, more frequently involves attempting to restructure and/or reinterpret disturbing situations, on the assumption that heightened morale, and consequent ability to adjust, will follow.

## Publications

- Cameron, P. & Wertheimer, M. Kinesthetic after effects are in the hands, not in phenomenal space. Perceptual & Motor Skills, 1965, 20, 1131.
- Cameron, P. Ego strength and happiness of the aged. Journal of Gerontology, 1967, 22, 199-202.
- \*Confirmation of the Freudian psychosexual stages utilizing sexual symbolism. Psychological Reports, 1967, 21, 33-39.
- \*\*\*\*Introversion and egocentricity of the aged. Journal of Gerontology, 1967, 22, 463-468.
- The imminency of death. Journal of Consulting and Clinical Psychology, 1968, 32, 479-481.
- Masculinity and femininity of the aged. Journal of Gerontology, 1967, 23, 63-65.
- Kastenbaum, R.J. and Cameron, P. Cognitive and emotional dependency in later life. In The dependencies of old people (R. Kalish, Ed.), Institute Gerontology: Ann Arbor, 1969, 39-57.
- \*\*\*\*Cameron, P. Age parameters of young adult, middle aged, old and aged. Journal of Gerontology, 1969, 24, 201-202.
- \*\*Frequency and kinds of words in various social settings, or what the hell's going on? Pacific Sociological Review, 1969, 12, 101-104.
- \*\*\*The generation gap: which generation is believed powerful versus generational members' self-appraisals of power. Developmental Psychology, 1970, 3, 403-404.
- A comparison of the cultural values of Scot and United States children. International Journal of Psychology, 1970, 5, 135-139.
- The presence of pets and smoking as correlates of perceived disease. Journal of Allergy, 1967, 40, 12-15.
- Cameron, P., Kostin, J.S. et al. The health of smokers' and non-smokers' children. Journal of Allergy, 1969, 43, 336-341.
- 
- \*Reprinted in Adolescent Development (M. Gold & E. Douvan, Eds), Boston: Allyn & Bacon, 1969, and Scientific Studies of Psychoanalysis (S. Fisher & R. Greenberg, Eds) New York: Basic Books, 1975.
- \*\*Reprinted in Sociology and student life (A.B. Shostak, Ed.) New York: McKay, 1971 and Sociology for pleasure (M. Truzzi, Ed.) New York: Prentice-Hall, 1974 and The process of interpersonal communication (F.E. Jandt, Ed.) New York: Harper & Row, 1976.
- \*\*\*Reprinted in Developmental psychology (W.R. Loft, Ed.) Hinsdale, Ill: Dryden, 1972 and XIP readings in psychology (W.J. McKeachie, Ed.) New York: Xerox, 1973.
- \*\*\*\*Abstracted in Empirical studies in the psychology of aging (I.M. Hulicka, Ed.) New York: Hackett, 1977.

Cameron, P. The generation gap: beliefs about adults' stability of life. Journal of Gerontology, 1971, 26, 81.

The generation gap: time orientation. The Gerontologist, 1972, 12, 117-119.

The affective-instinctual level and age. International Journal of Aging and Human Development, 1971, 2, 73-78.

Children's reactions to second-hand tobacco smoke. Journal of Applied Psychology, 1972, 56, 171-173.

Happiness of the malformed. APA Proceedings, 1971

\*Sound, noise, and health: community parameters. Journal of Applied Psychology, 1972, 56, 67-74.

The effect of home environment tobacco smoke upon family health. Journal of Applied Psychology, 1973, 57, 142-147.

Second-hand tobacco smoke: children's reactions. Journal of School Health, 1972, 42, 280-284.

The generation gap: which generation is believed to have the most fun and happiness and how do the generations rate themselves on desire for fun and happiness? The Gerontologist, 1972, 12, 120-123, 190.

Teenager's attitudes towards a date's smoking. Adolescence, 1973, 8, 433-438.

\*\*Sexual thought throughout the life-span. The Gerontologist, 1973, 13, 144-147.

Consciousness of death across the life-span. Journal of Gerontology, 1973, 28, 92-95.

Suicide and the generation gap. Life-Threatening Behavior, 1972, 2, 194-208.

Thing vs. self vs. other mental orientation across the life-span: a note. British Journal of Psychology, 1973, 64, 283-286.

The happiness of retarded children. APA Proceedings, 1973.

The generation gap: which generation is believed to be intellectually superior and which generation believes itself intellectually superior? International Journal of Aging and Human Development, 1973, 4, 207-214.

Generational homophily. Journal of Gerontology, 1974, 29, 232-236.

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\*Reprinted in XIP Readings in Psychology (W.J. McKeachie, Ed.) Xerox, 1973 and by MSS INFORMATION Corp. in a book of readings regarding the effects of noise upon man and animals (S.J. Strausberg, Ed.), 1976.

\*\*Reprinted in Life: The Continuous Process (F. Rebelsky, Ed.), NY: Knopf, 1975.

- The life-satisfaction of non-normal persons. Journal of Consulting and Clinical Psychology, 1973, 41, 207-214.
- The three faces of happiness. Psychology Today, 1974, 8, August, 63-64.
- Mood as an indicant of happiness: age, sex, social class, and situational differences. Journal of Gerontology, 1975, 30, 216-224.
- How much do mothers love their children? Indexed in Research in Education, ERIC/ECE, 1976.
- Effects of TV-violence upon at-home behaviors of kindergarteners. Indexed in Research in Education, ERIC/ECE, 1977.
- Emotionality across the life span. Indexed in Research in Education, ERIC/ECE, 1978.
- Masculinity and femininity in adulthood. International Journal of Aging and Human Development, 1976, 7, 143-151.
- The Swedish 'children born to women denied abortion' study: a radical criticism. Psychological Reports, 1976, 39, 391-394.
- Temporality across the life-span. International Journal of Aging and Human Development, 1978, 8, 229-259.
- Loving death: our failing reverence for life. (Elizabeth Hall with Paul Cameron) Psychology Today, 1976, 9, April, 104-113.
- Immolations to the juggernaut. Linacre Quarterly, 1977, 44, no. 1, 64-74.
- Social psychological aspects of the Judeo-Christian stance toward homosexuality. Journal of Psychology and Theology, 1981, 9, no. 1, 40-57.
- Age and sex differences in self-centeredness. Journal of Gerontology, in press.
- Values, needs and wants across the life-span. International Journal of aging and Human Development, in press.
- How human-oriented is the mind of man? International Journal of aging and Human Development, in press.
- Abortion, capital punishment, and the Judeo-Christian ethic. Linacre Quarterly, 1981, 49, no. 3,
- And coffee too. International Journal of the Addictions, 1982, 17, no. 5,

## Books

The life cycle: perspectives and commentary. Oceanside, NY: Dabor Science Publications, 1977.

Sexuality: uniquely human. Winthrop, in press, (to appear Fall 1982).

## Encyclopedia Articles

I have been asked to write the following articles for the upcoming Baker's Encyclopedia of Psychology (David Benner, Wheaton Graduate School, Editor):

Homosexuality: personality and psychopathology

Kinsey, Alfred

Sex education

Intimacy

Abortion, psychological correlates and effects

Smoking

Pet ownership



## Papers--Presentations

- RMPA, 1965, Denver, Kinesthetic after-effects are in the hand, not in phenomenal space
- MPA, 1968, Chicago, Personality differences between typical urban Negroes and whites.
- APA, 1968, San Francisco, Religiosity as a function of age: a normative study.
- APA, 1968, San Francisco, Cognitive functionings of college students in a general psychology class.
- MPA, 1969, Chicago, Frequency and kinds of profanity in various social settings.
- APA, 1969, Washington, D.C., Valued aspects of religion to Negroes and whites.
- SSSR, 1970, New York, Religion as a component of consciousness.
- APA, 1971, Washington, D.C., Effects of TV-violence upon at-home behaviors of kindergarteners.
- APA, 1971, Washington, D.C., Happiness or life-satisfaction of the malformed.
- Gerontological Society, 1971, Houston, The generation gap: how the generations feel about their own and the other generations' illness rates.
- MPA, 1972, Cleveland, Thing vs. self vs. other mental orientation across the life-span.
- APA, 1973, Montreal, The happiness of retarded children.
- APA, 1973, Montreal, An ordinary discourse definition of intelligence.
- Gerontological Society, 1973, Miami, Masculinity and femininity in adulthood.
- MPA, 1973, Chicago, Mood as an indicant of happiness: age, sex, social class, and situational differences.
- Gerontological Society, 1974, Portland, Self-centeredness in adulthood.
- EPA, 1975, New York, Homosexuality in the mass media.
- MPA, 1975, Chicago, Self-reported degree of pleasure associated with sexual activity across the adult life-span.
- EPA, 1976, New York, The effects of progeny upon lethality.
- MPA, 1976, Chicago, Emotionality across the life-span.

- Study of Aging Conference, University of Alabama, 1977, Crime prevention victim/witness assistance for the elderly.
- Western Gerontological Society, 1977, Denver, 'Effectiveness of a victim assistance program' and 'Friendship across the Life-span'.
- RMPA, 1977, Albuquerque, How "sexy" and "deathly" are Americans?
- WPA, 1977, Seattle, The pet threat.
- EPA, 1978, Washington, D.C., Temporality.
- WPA, 1978, San Francisco, Social Policy Attitudes Regarding Homosexuality.
- RMPA, 1978, Denver, Do women who obtain abortions hold human life less dear?
- Western Gerontology Society, 1978, Tucson, Extermination of the old: emerging social policy?
- APA, 1978, Toronto, Homosexuality vs. Heterosexuality.
- EPA, 1979, Philadelphia, Do women who obtain abortions hold human life in lower regard? A replication.
- RMPA, 1979, Las Vegas, Parenthood: joy or sorrow?
- EPA, New Haven, 1980, Militarism and the price of an antiseptic "hit".
- NCFR, Portland, 1980, Sex education: will it be liberalism, conservatism, or gradualism?

#### Workshops

- Victim Assistance for the Elderly: Need or Boondoggle? National Victim Services Conference, Minneapolis, August 28, 1978.
- Aborters As Participants in a Lethal Complex, Loyola School of Medicine Conference on Abortion, Chicago, Oct. 31 - Nov. 1, 1978.
- "Right to die" issues and the aging population. Western Gerontological Society, Anaheim, CA, March 11, 1980.
- Human sexuality: from gradualism to singlehood to parenthood. Jefferson Community College, Louisville, KY, April 3 & 4, 1980.
- Sociomedical aspects of dying among the old. Gerontological Society, San Diego, November 24, 1980.

#### Symposia

- Marxian theory via a vis suicide and convenience killing, MPA, 1973, Chicago.
- Social psychological aspects of second-hand tobacco smoke, AAAS, 1976, Boston
- Is happiness relative? American Psychological Association, San Francisco, 1977.
- Enhancing family strengths through sex education. National Symposium on Building Family Strengths, 1980.

## Colloquia

Profanity in our times. SRSA, 1968, Detroit

Second thoughts about TV-violence. Kentucky Broadcaster's Assn., 1971, Lexington

Friendship patterns across the life-span. Penn State Univ. Developmental Dept., 1974

The love of death: American style. Howard Univ. Psychol. Dept., 1976.

Medical ethics. Nat. Federation of Catholic Physicians, 1976, Chicago

## Tapes

Evolution of a life-cripping social policy, 1974, Behavioral Sciences Tape Library

Consciousness sampling, 1974, Behavioral Sciences Tape Library

Lethality in American Life, 1976, Science Interface Tape Library

The demise of the medical profession, 1976, Catholic Physicians' Guild Tape Library

## Grants, Research Appointments

Half-time research appointment to Gerontological Institute of Wayne State/ Michigan State, 1967-8.

Awarded grant to study intergenerational dependence patterns, Summer, 1968 (with R. Kastenbaum) by Institute of Gerontology, WSMS.

Awarded grant to study beliefs and opinions of and about the age groups, Summer 1969, PHS-NIMH (\$7,000).

Awarded NSF research support for equipment (\$5,000) and summer research support (\$4,000) through University of Louisville, 1970-71.

Awarded in-house grants to study consciousness, summers of 1972 and 1973 by University of Louisville.

Research consultant to Beckley Appalachian Regional Hospital Alcoholism Projects (ARCAP) sponsored by NIA, 1976.

Awarded LEAA grant to support elderly victim assistance program (\$55,000), 1978. Renewal of grant obtained (\$43,000), 1979.

## Tebedo Thanks Dallas Community

From Terry Tebedo, Social Justice Dept.,  
Dallas Gay Alliance

Dallas gays are to be commended for the tremendous support they and their non-gay friends have given to the petition drive for federal funding for AIDS research. More than 6000 signatures have been received with another 3000 anticipated....

The Dallas Gay Alliance appreciates this community effort and the assistance of the Oak Lawn Counseling Center, along with all the various sports and social groups which assisted in this effort. It has proven to be a very positive step in the battle against AIDS.

Unfortunately, the battle against AIDS is not being fought positively and accurately at all times. We in Dallas are being faced by a group of persons who are attempting to prey on the prejudices and fears of others to eliminate the gains for equal rights we have achieved. The Dallas Doctors Against AIDS and Alert Citizens of Texas are two groups which are doing their organized, subsidized, ruthless best to destroy us. Tens of thousands of dollars have rolled into their hands to bring in "expert" witnesses, such as psychologist as Dr. Paul Cameron from Lincoln, Nebraska.

Cameron has stated all homosexuals should "be put on an island." They have been the single most effective threat to our rights since Anita Bryant.

Through Bill Ceverha and House Bill 2138, they are attempting to not only attack our rights to sexual privacy, but our rights to employment. Under this House Bill, which we have worked very hard to stall in committee, both gays and anyone who supports their rights may be removed from employment in professions such as food handlers, waiters, bartenders, any position requiring state licensing, doctors, dentists, nurses, teachers, public safety officers, or any position of public trust or responsibility. This seems too outrageous to ever pass, but our best estimates indicate that if it gets out of committee it will pass the full house by a margin of 120-30. (Editor's note: It died in committee. See story this issue.)

The reason is fairly clear. The elected representatives feel their constituents want this kind of law. The organized efforts of Alert Citizens of Texas have reinforced this feeling. Austin has been flooded with letters of support for H.B. 2138. The public at large has been urged to take a stand against AIDS and eliminate the "homosexual menace." Lie after lie has been passed at public meetings and over airwaves regarding our lifestyles and sexual habits. Even their expert witness, Paul Cameron, can not resist branding the Kinsey studies as fraudulent and insists gay men and women seduce children at an alarming rate, forever altering their sex-

ual orientation, and that we continue to be a "dagger aimed at the heart of civilization."

Again we say this seems too outrageous, but there are thousands of people who are coming to believe that we are intention-

Let us hear from you.

Letters to the Editor  
Dallas Gay News  
3409 Oak Lawn #109  
Dallas, TX 75219

ally trying to destroy their families through what they perceive as "our diseases."

This group continues to function under the guise of fighting AIDS. The April 26 presentation of KPBC in Dallas hosted Cameron and the Dallas Doctors Against AIDS. Cameron stated, "By law we cannot eliminate homosexuality but we can make it extremely difficult to practice and certainly end its public visibility." He urged listeners to "get active in writing your congressmen and senators to be sure these people are punished with a severity to assure that, no matter how they plea bargain, these people will go to the slammer. I want to see people who practice homosexual acts in our society concerned about being caught. I want them to be suppressed and to feel suppressed. ... You allow the kind of law I'm talking about and you won't need to donate \$7 billion to the Public Health people."

Through the efforts of our Lobbyist, Betty Naylor, and the Lesbian Gay Rights Advocates in Austin, we have a good chance of preventing the kind of law Cameron wants from coming up for a vote ... this year. But we have to look ahead to what comes next. These groups, the Dallas Doctors Against AIDS and the Alert Citizens of Texas, were not formed just for the issue of House Bill 2138. They were formed because there are persons who feed on hate and bigotry that want to see us back in the closet. They want our bars closed, our employment denied, and our freedoms stifled. They don't care about honesty, integrity, or civil rights, or have compassion for those victims of a serious illness. Instead, they spend thousands of dollars with a mass mailing firm to blanket Dallas with fear.

We must be willing to recognize this and respond as we in Dallas always do. We must be willing to work within the system to educate the community as a whole, to

educate and lobby our legislators. The Dallas Gay Alliance will continue to speak out and correct misinformation (lies) presented by these groups and, through its political action committee, lobby for fair and equitable treatment of gay men and women at the legislative level. We, too, would like to be able to spend thousands of dollars to put out the truth to raise more funds, to work towards a better understanding. We need your help NOW. You can join the battle against people who use AIDS to attack our rights in three ways:

1. Write to your legislators. Tell them that what consenting adults do in bed is no concern of the State. Add your personal reasons if you choose.

2. Contribute to the Dallas Gay Alliance (DGA) to assist in the battle against Alert Citizens of Texas.

3. Contribute to the Dallas Gay Political Caucus (DGPC) and mark your checks HB 2138 to help pay the \$14,000 owed the lobbyist in Austin.

Usually the Alert Citizens of Texas end their mailings with a P.S. stating that with a minimum donation of \$20 they will send a generous supply of their educational pamphlets, *The Gay Plague*, to pass onto others and urge you to keep one for your own protection. I'm afraid it's not the style of the Dallas Gay Alliance to be that sensational, but, if you wish, any donation to the DGA of \$15 or more will entitle you to a membership and knowledge that you have fought organized bigotry.

## 'Let's Do It One More Time'

From Gene Leggett

The Southwest Texas conference of the United Methodist Church (held) its annual meeting in San Antonio May 29-June 1. In the olden days the primary excitement was the reading of ministerial appointments. Methodist preachers are not called traveling preachers for nothing.

Folks never know whether they were staying at their churches for another year, or if they had to start packing parsonage parcels immediately. Hysterics were an acceptable response to this reading—whether motivated by the joy of leaving a really drudge of a church or the pain of finding oneself appointed to that drudge of a church.

Nowadays Methodist conferences are not nearly so exciting. Reports are heard, monies are allocated and a few safe debates over helping third world leftists are drearily recited while wives shop at Joske's.

However, since 1971, things have been different for the San Antonio conferences! In 1971, the conference took away my ministerial orders because I was a homosexual. Unfortunately for the conference, this was not done in the usual "let's get him quietly out the back church door and continue our little business at usual church games."

Some radical gays from East and West Coasts (the Sugar Plum Fairies), some early U of T gay libbers along with a few hardy San Antonio gay movement folks (including one or two street jotas—God bless them) insisted that the oppression of gays and lesbians by church structures come to an end. The resulting conflict—which devastated the straights and invigorated the gays—was reported around the world.

Every major newspaper in the U.S. carried the story. *Newsweek* and *Life* ran pictures and *Esquire* gave the Methodists a dubious achievement award. At the conclusion of the *Newsweek* article, the bishop was quoted as saying "The Gene Leggett affair is closed."

Well, dear readers, that was only the beginning! There has not been a conference since 1971 without strong and visible gay currents stimulating and stroking the frightened libidos of the Methodist hierarchy. What good has this done? In terms of Methodist politics and policies, practically nothing was accomplished until two conferences ago when a new sympathetic bishop came to town. (He also happened to be black.) It was to be a new era of dialogue and loving exchanges that would validate self-esteem and elevate the gay "problem" to the same boring level as world hunger.

(Don't get me wrong—I am against hunger and know personally the terrible reality of the "haves" who don't give a damn for the "have-nots.")

After 12 years of hard struggle, one lone gay United Methodist layman—Troy Stokes—got elected to a minor position, and all hell broke loose from the rabid fringes of our Christian flocks. This year's conference may see homophobic craziness at a new all time high.

If the return is so little, why invest the energy? As usual, it's the little things that count. (And you can embroider that and hang it over your beds!) Gays and lesbians come up to me and say "I read about it and it helped." Ministers who are closet gays secretly come around for a handshake and even an embrace. Straight ministers whisper that their personal ministries have been enriched; good old lay people from our country churches drop me a note and say that for the first time they understand and can talk to their lesbian daughters. I love it!

So, sweet gays and lesbians of San Antonio, we're going to do it one more time!

(Editor's note: Leggett's letter was written just prior to the conference. At the gathering on May 30, the United Methodist Church of Southwest Texas affirmed its ban on gay people in the ministry.

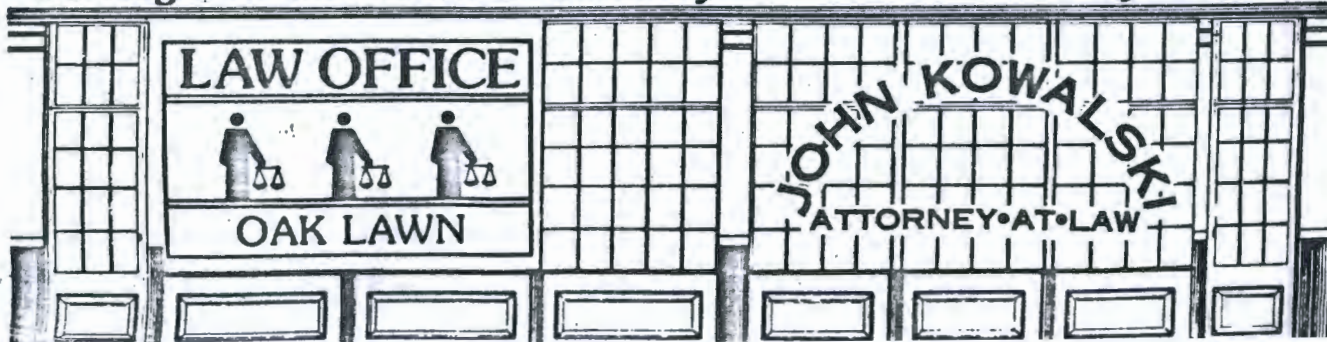
Leggett staged a silent protest by kneeling at the meeting after he was refused permission to address the delegates.

The vote against Leggett's position was about 800 to 100.

Leggett is an active lay member of the Oak Lawn United Methodist Church of Dallas.)

Serving The Oak Lawn Community

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Scarborough  
Faire south  
of Dallas

NEWS, PAGE 3

A Friend to  
Cuddle  
With

COMMENTARY,  
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Club  
Openings  
and Parties

SOAP, PAGE 20

## Groups Address US House Subcommittee

Virginia Apuzzo, executive director of the National Gay Task Force (NGTF), Dr. David Ostrow of Chicago's Howard Brown Memorial Clinic and Dr. Roger Enlow, director of New York City's Office of Gay and Lesbian Health Concerns, gave testimony to increase AIDS funding on May 12 to the House Appropriations Subcommittee on Labor, Health and Human Services and Education.

The Hearing was on fiscal year 1984 funding for the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) and was one of the many AIDS-related measures being lobbied by the Gay Rights National Lobby.

Apuzzo proposed several specific steps in her testimony. "Today I call upon the Congress of the United States to appro-

riate (funds) for a comprehensive and coordinated program of research on AIDS in order to stop this frightful waste of lives and resources.... I call upon NIH to speed up the procedures for reviewing AIDS research grant requests and to release funds already available. I call upon the Assistant Secretary for Health to make public his agenda for dealing with this crisis. We need to know if the government has a plan, and what it is, in order to coordinate private efforts and research, and to coordinate studies at other levels of government."

Enlow observed, "The number of individuals reported to the CDC six months ago occurred at the rate of one per day. We are now told that at least six new cases are

Continued page 9



Virginia Apuzzo

# DALLAS GAY NEWS FORT WORTH

Friday, May 20, 1983 □ Issue #37, Published Weekly

## Activist Attorney Robert Schwab is AIDS Victim

By William Marberry and  
Hollis Hood

Robert Schwab, a Houston attorney and president of the Texas Human Rights Foundation, has been diagnosed as having Acquired Immune Deficiency Syndrome. Schwab was the attorney in the landmark Baker vs. Wade case which ruled the Texas sodomy law unconstitutional last year.

Hospitalized for about two months with pneumocystis, living a virtual "bubble" existence avoiding any kind of infection, he says that recovery will not be complete until his immune system is fully restored.

Schwab is aware of the devastating statistics of the disease and has written his own obituary. He consented to this interview in the hospital to state his views—from a victim's perspective—of what should be done regarding AIDS.

**GAY NEWS:** You have been very persistent in thinking you are dying. Why? Attitude is very important in recovery.

**SCHWAB:** I have a very good attitude. It's just very difficult to pick up a magazine or newspaper and read that the average pneumocystis victim has a life expectancy of seven months. It's difficult to pick up something like *Newsweek*, which is fairly accurate, and read that of those people who had AIDS for three or more years only 14% are alive. It's also difficult when your blood pressure is very, very low and you are very, very sick not to take the prudent course of action and believe perhaps the end is near.

**What precautions?**

I feel that due to the nature of the disease, I may never be truly recovered. It depends on how you define recovery. I am recovering from the pneumocystis. My concern is, which is echoed by the medical community, is what happens when I go out and sit next to someone who has a cold? What do you do then? Take antibiotics, some of which I'm allergic to or are not effective?

**What do you think should be done, being at the receiving end, for research? How would you allocate, say, the quarter of a**



Robert Schwab, Texas Human Rights Foundation president and AIDS victim

million dollars raised at the circus in New York by the Gay Men's Health Crisis organization?

I would use it to shake out professional lobbyists, to shake loose research funding from existing groups—professional groups. There are existing groups for Anderson (M.D. Anderson Cancer Research) that shake out the National Cancer Institute for funds. Existing funds. To start from scratch and create our own program, or create our own lobbying efforts, is futile.

By the time we get that started, and to the level of expertise that the other's already have, it would not be cost effective. I believe the money should be used to

hire existing lobbying efforts in the medical community whose soul function is to get money for specific purposes.

I think groups like Gay Men's Health Crisis and people in medicine should explain how a university or research institute obtains its funding. You need to educate people. The money that's being raised can only be seed money because of the immense sums that research requires. That money should be used for lobbyists.

**Knowing what you know now, if you could go back, do you think you could avoid being in the position you are in today?**

I have led a very conservative lifestyle. The nights that I haven't been in bed by 10:30 or 11:00 p.m. are a handful. I have had a conservative number of sexual partners. I have not been monogamous. I have never been to the bookstore, hardly ever been to the baths, and have avoided group sex.

Even the sexual practices are not unusual. My use of drugs is minimal. So I don't know. There is a specific person that I had sex with, that in retrospect, had mentioned that he had been through a number of doctors and a number of illnesses that had not been diagnosed. It's quite possible he was my contact. That's complete conjecture. I'm afraid to call him, I'm afraid he's dead.

**What if you call him and he's alive and well?**

It would be difficult to find that out because you can't be on the road to recovery until your immune system is restored. There is documentation of some instances of spontaneous immune system recovery. Anderson has a program that they claim has a 30% recovery on reversing the ratio of the T-cells, which of course, is the real problem with AIDS. But they cannot increase the number.

They can get the "killer T-cells" and the "suppressor T-cells" to proliferation, but they can't get the total number up to what it needs to be for survival. When I can go out into public and not worry about dying from a minor infection, I'll be recovered. It's possible that may occur, but at this time there is very limited hope other than experimentation in one or two places in the country. We're at the Buck Rogers edge of medical technology.

**So is there anything to the avoidance theory?**

The only thing I have read is an affidavit attached to (the) Baker vs. Wade (court case) that states the chances of a monogamous gay male couple, who have been monogamous for two or more years, of contracting AIDS is minimal. The current theory, and it is only a theory, is that

continued page 6

# Schwab Discusses AIDS Effects

continued from page 1

AIDS is transmitted similar to hepatitis—blood, sex, intimate contact. If I survive this, I will have a completely different attitude toward monogamy.

If people think they should stop going to the baths or bookstores, if they should eat and sleep regularly, I don't see where that can possibly hurt. The bottom line is that as long as gay males continue to go to bed together when there is an epidemic raging, that until we can identify the people who are carriers and infectious, it will continue. People will contract AIDS at about the same rate. Anything else is fooling people.

Are the policies on giving blood valid?

I don't know. There seems to be a belief that some few have contracted AIDS through blood. I think we can use that for political terrorism. In Dallas, the conservative hotbed of the community, there has come the idea that if research money is not forthcoming at a certain level by a certain date, that all gay males should give blood. The Alert Citizens Group there is charging that gays are a clear threat and that's why they are calling for House Bill 2136, or reenactment of 21.06.

It's political terrorism. There is a *New York Times* editorial that states the reason nothing has been done about AIDS is because it affects gay people. What's going to happen is a terrible, terrible epidemic, perhaps unparalleled in the 20th century, because of the government's built-in bias. If it takes threatening, and perhaps giving blood to get us the money, the research funds we need, that may be it. That doesn't mean I'm condoning that.

Would the Republican convention in Dallas be an opportunity to speak out on this?

I think as long as gay people are dying in droves, and that's what is actually happening, 18 people in Houston have died in the past two years, and the number had gone up expediently, then I think whatever action is required to get national attention is valid. If that includes blood terrorism, so be it.

Will you go on the record with that? Yes.

Six months ago would you have said the same thing?

No. Six months ago I had a blind faith in the medical community.... We need to very carefully examine the objectives of the KSC Committee, or any group that's raising money. We have to be careful that we are not recreating the wheel. What we really need to do is use existing professional lobbyists that are the best in the country. If the groups are trying to achieve some sort of halfway house for KS victims, AIDS victims, for those that don't have money or insurance, that's good. If they are trying to operate an educational clearing house because existing facilities are not enough, then we have to be very careful about duplication of effort. Simply giving money to solve the problem is ineffective.

A restrictive gift, or general?

Restrictive. Simple things can be done. A few scratch skin tests can indicate if you have immune system problems. At Anderson something like 70% of patients being tested are coming in with immunological problems. Perhaps not the seriousness of AIDS. But people who are exhibiting one or two symptoms, and have any lung problems, they should be tested immediately. The need is immediate.

Did you have any suspicions you were ill? Did you suspect it was AIDS?

I suspected it was AIDS. The doctor suspected it was AIDS and we ran a series of tests. The tests did not indicate it up until the end. We discovered that I had a virulent amoeba that would explain weight loss and fever. We did blood testing. We did blood gases. We did X-rays. But it became clear that my breathing was fail-

ing regardless of the tests. We did every test including T-cell test, and repeated the tests.

Were you taking all precautions possible during this time?

I was not having sex. I was basically bedridden. I certainly wasn't infecting anyone else. I felt so bad that I restricted myself.

I cut out tetracycline, because I believe it's immuno-suppressant when taken over several years as I had been. There is evidence that it is immuno-suppressant. But dermatologists have routinely prescribed it for years. I began eliminating any prescription drugs so as not to complicate any diagnostic work. I was unable to breathe. I was diarrhetic. I would lose weight, have terrible fevers and night chills, but I didn't have the other symptoms. No lymph node problems. So I never had all the classic symptoms.

That's very important. Don't wait for all the symptoms. If you wait for all the symptoms—you're dead. The disease is not well enough understood to have classic symptoms. General symptoms—a gay man losing weight, with unexplained fevers, any breathing troubles, and lesion problems, it's time to get tests, expensive tests—quickly.

Now more than ever, it's important that gays be open with their physicians. And if they're not comfortable, then it's time to find one they can be comfortable with. Those of us that survive, will survive because we've received treatment from people who know how to respond quickly. One has to be very honest and candid. It's too late in this health crisis to be concerned with what your physician thinks of you because you are gay.

As to my own survival—on a cosmic scale it isn't very important—personally it's very important. I am optimistic that I will survive. There is no question that I will do whatever is necessary to survive. But until such time as I can either rebuild my system spontaneously, or chemically, or until something happens, I'm also a realist. I will take those steps to prepare for what I hope is an unnecessary alternative. I feel at 35, considering the number of things I've done, it's just too much of a waste to die this way.

What projects do you want to carry on with?

We simply must end the 21.06 battle. It's all entwined with DDAA. We have to knock that out. It is time to teach DDAA a lesson that they're not going to be able to discriminate against gays and they are going to have them on the police force. We are going to make sure it happens.

Third, Richard Longstaff is going to become an American citizen, if I have anything to do with it. A&M is going to have a recognized gay student services. Abolish vestiges of discriminatory governmental regulations. We've got an attorney general who can. Continue the long and uphill battle of public education.

Ultimately the battle for gay rights won't be won legally, it will be won through public education. Legal victories will be a form of public education. We must continue to go forward—continue to explain what gay lifestyle is and what it is not, the pride of gays. The tremendous self-help. The fact that we've taken a diverse group of people and formed a community.

Public education has always been the key. We should not rely on volunteer groups, but get the best that money can buy. That's the way things are done in the real world and that's the way it must be done in the area of gay rights. The progress we can make will be unlimited.

I look forward to a rapid recovery, back in practice my clients can be assured that associates are taking care to their cases, and soon I hope to personally.



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# Institute for the Scientific Investigation of Sexuality

Lincoln, Nebraska

Everyone is aware of how many changes in sexuality have occurred over the past few years. Yet a random survey of what Americans feel about sexual issues has never been performed. So millions of lives and billions of dollars are being influenced by those who call themselves "sexual experts".

YOU have been randomly selected to participate in this poll of 5,000 Americans from all across the country. This may well be the most important poll in which you have ever participated. YOUR answers will count. No one will know the truth about how most Americans feel unless a fair, unbiased poll is conducted. ISIS guarantees you confidentiality -- after you have finished NO ONE will be able to identify your questionnaire from the thousands collected.

PLEASE -- answer every question (even if some seem silly or offend you)  
-- be honest (no one will ever know what you answered)  
-- answer the questionnaire in private

The results of this poll will be made public in the fall of 1983.

Thank you,

the Board of Directors of ISIS

Since ISIS will be unable to identify your questionnaire, we will be unable to tell you how you compared with the various averages. However you may send \$2.00 to ISIS to receive a copy of the questionnaire so that you can see how you compared with the various published responses.

1. What is your age? \_\_\_\_\_
2. What is your sex?  male  female
3. What is the highest grade you have completed?
  - less than 12th grade
  - high school
  - some college
  - B.A. or B.S.
  - M.A. or M.S.
  - Ph.D., M.D. or equivalent
4. What is your race|ethnicity?
  - white/caucasian
  - black/negro
  - hispanic/chicano
  - American indian
  - oriental
  - other
5. How would you estimate your economic status?
  - wealthy
  - above average
  - average
  - lower than average
  - poor
6. What is your primary occupation? (please be specific, i.e., grade school teacher, housewife, plant foreman, machine operator, traveling salesman, college professor, bank teller, salesclerk)
 

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7. What is your marital status?
  - never been married
  - married once, still married
  - married once, currently separated
  - married once, currently divorced
  - remarried after death of 1st spouse
  - remarried after my 1st divorce
  - married twice, currently divorced/  
separated
  - remarried for the 3rd time
  - married 3 or more times, currently  
separated/divorced
  - widower/widowed after 2 or more  
divorces
  - widower/widowed after 2 or more  
marriages but no divorces
  - remarried for the 4th, 5th etc. time
8. If you are currently married, how would you rate your marriage?
  - great
  - above average in happiness
  - average in happiness
  - below average in happiness
  - miserable
9. If you are currently married, how long have you been married? \_\_\_\_\_
10. If you ever had a divorce, did it involve your partner being bi- or homosexual?
  - no  yes
11. If you ever had a divorce, did it involve your being bi- or homosexual?
  - no  yes
12. In what religion were you raised?
  - none
  - Catholic
  - Protestant
    - conservative, fundamentalist
    - middle of road
    - liberal
  - other Christian
  - Mormon
  - Jewish
  - other
13. How devout a [the religion in which you were raised] were you?
  - very devout
  - moderately devout
  - somewhat devout
  - not at all devout
14. What is your current religion?
  - none
  - Catholic
  - Protestant
    - conservative, fundamentalist
    - middle of road
    - liberal
  - other Christian
  - Mormon
  - Jewish
  - other
15. How devout a [your current religion] are you?
  - very devout
  - moderately devout
  - somewhat devout
  - not at all devout



16. What was your first sexual experience with another person?
- a) how old were you at the time? \_\_\_\_\_
- b) with whom did you have this first sexual experience (please be specific, i.e., my male gym teacher, my aunt, my female playmate, my stepmother, my father etc.)? \_\_\_\_\_
- c) how old was the other person? \_\_\_\_\_
- d) what was the sex of the other person?  
 female       male
- e) was the activity mainly  
 heterosexual (between opposite sexes)  
 homosexual (between same sex)  
 bisexual (with members of both sexes in a group setting)
- f) were you  
 in love with the other person  
 familiar with the person, but just 'fooling around'  
 not familiar with the other person, just 'fooling around'  
 being exploited by the other person  
 exploiting the other person
- g) who initiated the activity? (i.e., who took the lead)  
 I did  
 other person did  
 it was mutual
- h) what best describes the sexual experience?  
 just looked at private parts of the body  
 other person(s) touched my privates  
 I touched other person's privates  
 we touched each others' private parts  
 other person fondled my genitals  
 I fondled other person's genitals  
 we fondled each others' genitals  
 we copulated (penis into vagina)  
 other person performed oral sex on me  
 I performed oral sex on other person  
 we performed oral sex on each other  
 other person did anal sex to me  
 I did anal sex to other person  
 we performed anal sex on each other
17. How many different times did you have sexual relations with this person? \_\_\_\_\_
18. After the first sexual experience, how long was it before you had another sexual experience with this person? \_\_\_\_\_
19. After this first person, how long was it before you had another sexual experience with another, different person?  
 \_\_\_\_\_
20. With how many heterosexual virgins have you had sexual intercourse?  
 \_\_\_\_\_
21. With how many homosexual virgins have you had homosexual relations? \_\_\_\_\_
22. While you were in your first marriage (but not involved in a divorce or separation) did you ever cheat on your spouse?  
 yes       no       does not apply
- ↳ If 'yes', how many times? \_\_\_\_\_
- ↳ If 'yes', with how many different persons of the opposite sex? \_\_\_\_\_
- ↳ If 'yes', with how many different persons of the same sex? \_\_\_\_\_
23. While you were in your second, third or later marriage (but not undergoing a separation or divorce), did you ever cheat on your spouse?  
 yes       no       does not apply
- ↳ If 'yes', how many times? \_\_\_\_\_
- ↳ If 'yes', with how many different persons of the opposite sex? \_\_\_\_\_
- ↳ If 'yes', with how many different persons of the same sex? \_\_\_\_\_
24. How old were you when you first masturbated?  
 \_\_\_\_\_  
 I've never masturbated

25. How many times a week do you masturbate? \_\_\_\_\_
26. How do you feel about masturbation?  
 \_\_\_ its great  
 \_\_\_ its pleasant  
 \_\_\_ its ok, acceptable  
 \_\_\_ its ok, but morally tainted  
 \_\_\_ its vile, ugly
27. Have you ever been forced into having sexual activity against your will (you were raped)?  
 \_\_\_ no  
 \_\_\_ yes  
 ↪ If "yes", how many times have you been forced heterosexually? \_\_\_\_\_  
 ↪ If "yes", how many times have you been forced homosexually? \_\_\_\_\_
28. How old were you when the first physical sexual contact between you and an adult male (aged 18 or older) occurred? \_\_\_\_\_  
 \_\_\_ I've never had sexual contact with an adult male
29. How old were you when the first physical sexual contact between you and an adult female (aged 18 or older) occurred? \_\_\_\_\_  
 \_\_\_ I've never had sexual contact with an adult female
30. How many different homosexual sexual partners have you had (did you have):  
 yesterday? \_\_\_\_\_  
 last week? \_\_\_\_\_  
 last month? \_\_\_\_\_  
 last year? \_\_\_\_\_  
 in your lifetime? \_\_\_\_\_
31. How many different heterosexual sexual partners have you had (did you have):  
 yesterday? \_\_\_\_\_  
 last week? \_\_\_\_\_  
 last month? \_\_\_\_\_  
 last year? \_\_\_\_\_  
 in your lifetime? \_\_\_\_\_
32. Have you ever been committed to a homosexual relationship (been homosexually "married")?  
 \_\_\_ no  
 \_\_\_ yes  
 ↪ If "yes", how long was the longest such a commitment lasted? \_\_\_\_\_
33. With how many different females have you been "in love"? \_\_\_\_\_  
 At what age were you first "in love" with a female? \_\_\_\_\_  
 Are you currently "in love" with a female?  
 \_\_\_ no \_\_\_ yes
34. With how many different males have you been "in love"? \_\_\_\_\_  
 At what age were you first "in love" with a male? \_\_\_\_\_  
 Are you currently "in love" with a male?  
 \_\_\_ no \_\_\_ yes
35. I am most sexually attracted to males aged \_\_\_\_\_  
 The youngest males to whom I am sexually attracted are aged \_\_\_\_\_  
 The oldest males to whom I am sexually attracted are aged \_\_\_\_\_  
 \_\_\_ I am not sexually attracted to males
36. I am most sexually attracted to females aged \_\_\_\_\_  
 The youngest females to whom I am sexually attracted are aged \_\_\_\_\_  
 The oldest females to whom I am sexually attracted are aged \_\_\_\_\_  
 \_\_\_ I am not sexually attracted to females
37. How would you rate your sexual desires?  
 \_\_\_ not really sexual, not interested  
 \_\_\_ only sexually interested in and attracted to members of the opposite sex (I'm exclusively heterosexual)  
 \_\_\_ generally attracted to members of the opposite sex, but sometimes am sexually attracted to members of my own sex  
 \_\_\_ equally sexually attracted to members of both sexes (I'm bisexual)  
 \_\_\_ generally attracted to members of my sex, but sometimes I'm sexually attracted to members of the opposite sex  
 \_\_\_ only sexually interested in and attracted to members of my own sex (I'm exclusively homosexual)

38. How many of the following influenced you to restrain yourself in premarital sexual activity (check all that apply):
- moral or religious reasons
  - lack of opportunity
  - lack of interest
  - fear of pregnancy
  - unavailability of contraception
  - fear of venereal disease (VD)
  - fear of social reaction (reputation)
  - fear of parental reaction
39. Since you became an adult, what is the longest you have remained completely physically sexually faithful to one female sex partner? \_\_\_\_\_
- I have never had a female sex partner
40. Since you became an adult, what is the longest you have remained completely physically sexually faithful to one male sex partner? \_\_\_\_\_
- I have never had a male sex partner
41. How old were you when you first felt sexually aroused by a male? \_\_\_\_\_
- I've never been sexually aroused by a male
42. How old were you when you first felt sexually aroused by a female? \_\_\_\_\_
- I've never been sexually aroused by a female
43. While you growing up, was there a divorce between your parents?
- no  
 yes
- ↳ If "yes", what was the effect on you?
- I felt responsible for the breakup
  - I decided against marriage
  - other negative effect
  - contributed to my confusion
  - had a positive effect
  - had no particular effect
  - other (explain) \_\_\_\_\_
- 
44. What is the age of your youngest heterosexual partner since you became an adult (aged 18)? \_\_\_\_\_
- I've never had a heterosexual partner
45. What is the age of your youngest homosexual partner since you became an adult (aged 18)? \_\_\_\_\_
- I've never had a homosexual partner
46. Did you (do you) want to marry a virgin?
- no       yes
47. At what age did you lose your virginity? \_\_\_\_\_
- I'm still a virgin
48. With whom did you lose your virginity?
- a pick-up or casual date
  - a person whom I had dated for some time, but for whom I did not care much
  - a person whom I had dated for some time, and for whom I cared a great deal
  - a person whom I had dated for some time, and expected to marry
  - my fiance
  - my spouse, before the wedding
  - my spouse, after the wedding
  - my parent
  - my stepparent
  - a prostitute
  - I was seduced by \_\_\_\_\_
49. Was your partner a virgin?  no       yes
50. Did you ever have a homosexual teacher?
- no  
 yes
- ↳ If "yes", to what degree did this teacher influence you to regard homosexuality as socially acceptable?
- not at all
  - a little bit
  - some
  - a lot
- ↳ If "yes", to what degree did having a homosexual teacher influence you to try homosexuality?
- not at all
  - a little bit
  - some
  - a lot
- ↳ If "yes", did this homosexual teacher ever make sexual advances toward you?
- no  
 yes
- ↳ If "yes", did this teacher ever make sexual advances toward any of the other students?
- no  
 yes

51. Sometimes people in charge of us or who bear an especially powerful relationship to us have sexual desires for us. For each of the following kinds of persons, we would like to know how many have made serious sexual advances to you and with how many you have had physical sexual relations (at their initiative or yours). We also would like to know your age when either or both of these things first occurred.

When I was aged \_\_\_\_\_ this person (these people) made serious sexual advances to me

↙ ↘

my female grade school teacher  
 my male grade school teacher  
 my female jr/sr high school teacher  
 my male jr/sr high school teacher  
 my female college/university teacher  
 my male college/university teacher  
 my private (music, art, etc.) female teacher  
 my private (music, art, etc.) male teacher  
 my female minister  
 my male minister  
 my female Sunday School/religious youth leader  
 my male Sunday School/religious youth leader  
 my female lawyer  
 my male lawyer  
 a female adult for whom I babysat  
 a male adult for whom I babysat  
 my female employer/supervisor/boss  
 my male employer/supervisor/boss  
 my female physician/psychologist/counselor  
 my male physician/psychologist/counselor  
 my female [camp, Y, Scout] counselor  
 my male [camp, Y, Scout] counselor  
 my brother  
 my sister  
 my step-brother, foster-brother  
 my step-sister, foster-sister  
 my mother  
 my father  
 my step-mother  
 my step-father  
 a female relative (cousin, aunt, etc.)  
 a male relative (cousin, uncle, etc.)  
 a foster-mother  
 a foster-father  
 a female policewoman  
 a male policeman

When I was aged \_\_\_\_\_ this person (these people) had (experienced) physical sexual relations with me

↙ ↘

my female grade school teacher .....  
 my male grade school teacher.....  
 my female jr/sr high school teacher.....  
 my male jr/sr high school teacher.....  
 my female college/university teacher.....  
 my male college/university teacher.....  
 my private (music, art, etc.) female teacher.....  
 my private (music, art, etc.) male teacher.....  
 my female minister.....  
 my male minister.....  
 my female Sunday School/religious youth leader.....  
 my male Sunday School/religious youth leader.....  
 my female lawyer.....  
 my male lawyer.....  
 a female adult for whom I babysat.....  
 a male adult for whom I babysat.....  
 my female employer/supervisor/boss.....  
 my male employer/supervisor/boss.....  
 my female physician/psychologist/counselor.....  
 my male physician/psychologist/counselor.....  
 my female [camp, Y, Scout] counselor.....  
 my male [camp, Y, Scout] counselor.....  
 my brother.....  
 my sister.....  
 my step-brother, foster-brother.....  
 my step-sister, foster-sister.....  
 my mother.....  
 my father.....  
 my step-mother.....  
 my step-father.....  
 a female relative (cousin, aunt, etc.).....  
 a male relative (cousin, uncle, etc.).....  
 a foster-mother.....  
 a foster-father.....  
 a female policewoman.....  
 a male policeman.....

NOTE:  none of the above have ever happened to me.

52. I am a  heterosexual  
 bisexual  
 homosexual

53. Why do you think you became this way?  
(please check all that apply)

- I was around homosexuals a lot
- I was seduced by a homosexual adult
- I had childhood homosexual experiences with peers
- I had childhood homosexual experiences with an adult
- I failed at heterosexuality
- I fell in with a homosexual crowd
- I was socially inept
- I was terribly shy and timid
- I was a sissy, my peers pushed me to it
- I was a tomboy, my peers pushed me to it
- I got along poorly with one or both parents
- I happened to 'try it and like it'
- poor sex education
- I was afraid of heterosexuality
- I was afraid of male genitals
- I was afraid of female genitals
- I was 'born that way'
- a dominating/suffocating mother
- a dominating/suffocating father
- I was raised only around my own sex
- I had a weak character (was lazy, immature, no moral strength)
- a distant or absent father
- a distant or absent mother
- it was what my parents wanted
- my parents' marriage 'drove me to it'
- my parents' marriage was so good, I wanted to have what they had
- I was around heterosexuals a lot
- I was seduced by a heterosexual adult
- I had childhood heterosexual experiences with peers
- I had childhood heterosexual experiences with an adult
- a sexual experience with a heterosexual teacher
- a sexual experience with a homosexual teacher
- one of my parents was homosexual
- I was afraid of homosexuality
- it was the "in thing" in my crowd
- society teaches heterosexuality and I responded
- I rebelled against society and its teachings
- I was confused
- I couldn't relate to the opposite sex
- the devil made me do it
- I hate women
- I hate men
- I was seduced by \_\_\_\_\_
- other (explain) \_\_\_\_\_

54. If you were nude or your genitals were exposed in a public place (such as a restroom, bathhouse, or shower), what would be your reaction if you noticed someone of your sex watching you and deriving obvious sexual pleasure from your nudity (i.e., they were getting 'turned on' by your body)?

- I'd be pleased and excited for them about being 'turned on'
- I'd be pleased
- I'd be indifferent, I wouldn't care
- I'd be displeased, irritated
- I'd be outraged, furious

55. If you were nude or your genitals were exposed in a public place (such as a restroom, bathhouse, or shower) what would your reaction be if you noticed someone of the opposite sex watching you and deriving obvious sexual pleasure from your nudity (i.e., they were getting 'turned on' by your body)?

- I'd be pleased and excited for them about being 'turned on'
- I'd be pleased
- I'd be indifferent, I wouldn't care
- I'd be displeased, irritated
- I'd be outraged, furious

56. If you were nude or your genitals were exposed in private (such as in your bedroom), what would be your reaction if you noticed someone of your sex 'peeping' at you and deriving obvious sexual pleasure from your nudity?

- I'd be pleased and excited for them
- I'd be pleased
- I'd be indifferent
- I'd be displeased, irritated
- I'd be outraged, furious

57. If you were nude or your genitals were exposed in private (such as in your bedroom), what would be your reaction if you noticed someone of the opposite sex 'peeping' at you and deriving obvious sexual pleasure from your nudity?

- I'd be pleased and excited for them
- I'd be pleased
- I'd be indifferent
- I'd be displeased, irritated
- I'd be outraged, furious

58. How old were you when you first experienced/did each of the following (leave any space blank if you haven't done it)?

				my reaction?							my reaction?				
				I was aged	liked it	?	disliked it					I was aged	liked it	?	disliked it
				↓	↙	↘	↘					↓	↙	↘	↘
a) a heterosexual kiss.....	_____	_____	_____	_____	_____	_____	_____	p) urinating or defecating on a male..	_____	_____	_____	_____	_____	_____	_____
b) touching/manipulating a female's breasts.....	_____	_____	_____	_____	_____	_____	_____	q) being urinated or defecated on by a male.....	_____	_____	_____	_____	_____	_____	_____
c) having my breasts touched/manipulated.....	_____	_____	_____	_____	_____	_____	_____	r) urinating or defecating on a female	_____	_____	_____	_____	_____	_____	_____
d) fondling/manipulating a male's penis.....	_____	_____	_____	_____	_____	_____	_____	s) being urinated or defecated on by a female.....	_____	_____	_____	_____	_____	_____	_____
e) having my genitals manipulated/fondled by a male.....	_____	_____	_____	_____	_____	_____	_____	t) hurting a male during sex.....	_____	_____	_____	_____	_____	_____	_____
f) fondling/manipulating a female's genitals/vagina.....	_____	_____	_____	_____	_____	_____	_____	u) being hurt by a male during sex..	_____	_____	_____	_____	_____	_____	_____
g) having my genitals manipulated/fondled by a female.....	_____	_____	_____	_____	_____	_____	_____	v) hurting a female during sex.....	_____	_____	_____	_____	_____	_____	_____
h) performing oral/genital sex on a male.....	_____	_____	_____	_____	_____	_____	_____	w) being hurt by a female during sex	_____	_____	_____	_____	_____	_____	_____
i) having a male perform oral/genital sex on me.....	_____	_____	_____	_____	_____	_____	_____	x) a heterosexual prostitute.....	_____	_____	_____	_____	_____	_____	_____
j) performing oral/genital sex on a female.....	_____	_____	_____	_____	_____	_____	_____	y) a homosexual prostitute.....	_____	_____	_____	_____	_____	_____	_____
k) having a female perform oral/genital sex on me.....	_____	_____	_____	_____	_____	_____	_____	z) performing heterosexually for money	_____	_____	_____	_____	_____	_____	_____
l) performing anal sex (penis/finger/hand into anus) on a male.....	_____	_____	_____	_____	_____	_____	_____	a) performing homosexually for money	_____	_____	_____	_____	_____	_____	_____
m) having anal sex performed on me by a male.....	_____	_____	_____	_____	_____	_____	_____	b) being heterosexually raped.....	_____	_____	_____	_____	_____	_____	_____
n) performing anal sex on a female..	_____	_____	_____	_____	_____	_____	_____	c) being homosexually raped.....	_____	_____	_____	_____	_____	_____	_____
o) having anal sex performed on me by a female.....	_____	_____	_____	_____	_____	_____	_____	d) being in a heterosexual orgy.....	_____	_____	_____	_____	_____	_____	_____
								e) being in a bisexual orgy.....	_____	_____	_____	_____	_____	_____	_____
								f) being in a homosexual orgy.....	_____	_____	_____	_____	_____	_____	_____
								g) having sex with an animal.....	_____	_____	_____	_____	_____	_____	_____
								h) making an obscene phone call.....	_____	_____	_____	_____	_____	_____	_____
								i) receiving an obscene phone call...	_____	_____	_____	_____	_____	_____	_____

Now we want to know about sexual approaches and sexual activity:

What is the number of each group that approached you for sexual relations of some sort (leave blank any space by any group that did not approach you for sexual relations)?

When you were a child (aged 12 or under), how many of the following approached you for sexual relations of some sort?

boys (aged 12 or younger)? \_\_\_\_\_  
teenage boys (aged 13-17)? \_\_\_\_\_  
men (aged 18 or older)? \_\_\_\_\_  
girls (aged 12 or younger)? \_\_\_\_\_  
teenage girls (aged 13-17)? \_\_\_\_\_  
women (aged 18 or older)? \_\_\_\_\_

When you were a teenager (aged 13 to 17), how many of the following approached you for sexual relations of some sort?

boys (aged 12 or younger)? \_\_\_\_\_  
teenage boys (aged 13-17)? \_\_\_\_\_  
men (aged 18 or older)? \_\_\_\_\_  
girls (aged 12 or younger)? \_\_\_\_\_  
teenage girls (aged 13-17)? \_\_\_\_\_  
women (aged 18 or older)? \_\_\_\_\_

When you were an adult (aged 18 or older), how many of the following approached you for sexual relations of some sort?

boys (aged 12 or younger)? \_\_\_\_\_  
teenage boys (aged 13-17)? \_\_\_\_\_  
men (aged 18 or older)? \_\_\_\_\_  
girls (aged 12 or younger)? \_\_\_\_\_  
teenage girls (aged 13-17)? \_\_\_\_\_  
women (aged 18 or older)? \_\_\_\_\_

What is the number of each group with whom you have had physical sexual relations of some sort (leave blank any space by any group that provided no persons with whom you had sexual relations)?

When you were a child (aged 12 or under), with how many of the following did you have physical sexual relations of some sort?

boys (aged 12 or younger)? \_\_\_\_\_  
teenage boys (aged 13-17)? \_\_\_\_\_  
men (aged 18 or older)? \_\_\_\_\_  
girls (aged 12 or younger)? \_\_\_\_\_  
teenage girls (aged 13-17)? \_\_\_\_\_  
women (aged 18 or older)? \_\_\_\_\_

When you were a teenager (aged 13 to 17), with how many of the following did you have physical sexual relations of some sort?

boys (aged 12 or younger)? \_\_\_\_\_  
teenage boys (aged 13-17)? \_\_\_\_\_  
men (aged 18 or older)? \_\_\_\_\_  
girls (aged 12 or younger)? \_\_\_\_\_  
teenage girls (aged 13-17)? \_\_\_\_\_  
women (aged 18 or older)? \_\_\_\_\_

When you were an adult (aged 18 or older), with how many of the following did you have physical sexual relations of some sort?

boys (aged 12 or younger)? \_\_\_\_\_  
teenage boys (aged 13-17)? \_\_\_\_\_  
men (aged 18 or older)? \_\_\_\_\_  
girls (aged 12 or younger)? \_\_\_\_\_  
teenage girls (aged 13-17)? \_\_\_\_\_  
women (aged 18 or older)? \_\_\_\_\_

59. What would be your reaction toward:

very pleased  
pleased  
neutral  
displeased  
very displeased

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a) living in the same community with homosexuals?.....  | — | — | — | — | — |
| b) having a "gay bar" in your community?.....   | — | — | — | — | — |
| c) having a "gay bath" in your community?.....  | — | — | — | — | — |
| d) living within a block of homosexuals?.....   | — | — | — | — | — |
| e) living within a block of homosexuals while you had children in your home?.....                             | — | — | — | — | — |
| f) living next door to homosexuals or a homosexual?.....  | — | — | — | — | — |
| g) living next door to homosexuals or a homosexual when you had children in your home?.....                   | — | — | — | — | — |
| h) your children having a homosexual teacher?.....  | — | — | — | — | — |
| i) your having a homosexual dentist/physician/psychologist?.....  | — | — | — | — | — |
| j) your children having to room (as in a dorm) with a homosexual or homosexuals?.....                         | — | — | — | — | — |
| k) having to room with a homosexual or homosexuals?.....  | — | — | — | — | — |
| l) a homosexual presidential candidate?.....  | — | — | — | — | — |
| m) a presidential candidate who was in favor of "gay rights" (making homosexuality socially acceptable)?..... | — | — | — | — | — |

60. How often have your sexual experiences included:

never once 2 to 4 more than  
↓ ↓ times ↓ 4 times

- |  |   |   |   |   |
|--|---|---|---|---|
| a) sadomasochism (S & M).....                        | — | — | — | — |
| b) bondage & discipline (B & D) .....                | — | — | — | — |
| c) hand-balling ("fist-fucking").....                | — | — | — | — |
| d) urination ("water sports", "golden showers")..... | — | — | — | — |
| e) defecation (scat).....                            | — | — | — | — |
| f) enemas .....                                      | — | — | — | — |
| g) sex with animals.....                             | — | — | — | — |
| h) threesomes, orgies, or group sex....              | — | — | — | — |
| i) masturbation during a phone call.....             | — | — | — | — |
| j) paying for sex.....                               | — | — | — | — |
| k) being paid for sex.....                           | — | — | — | — |
| l) having sex in a gay bath.....                     | — | — | — | — |
| m) having sex in front of others.....                | — | — | — | — |
| n) having sex in public.....                         | — | — | — | — |
| o) having sex in a peep show or booth..              | — | — | — | — |
| p) having sex in a public restroom.....              | — | — | — | — |
| q) having sex while you were in jail....             | — | — | — | — |



61. Have you ever obtained an abortion?

no  
 yes

→ If 'yes', how many? \_\_\_\_\_

→ How did you feel about the first abortion that you obtained?

marvelous  
 pleased  
 indifferent  
 displeased  
 sick, horrified

→ How do you now feel about the first abortion you obtained?

marvelous  
 pleased  
 indifferent  
 displeased  
 sick, horrified

→ Knowing today about your reactions, the consequences, et cetera, would you have that first abortion again?

no  
 yes

62. Please rate yourself on self-esteem

I have high self-esteem  
 I like myself a good deal  
 I like myself more than most  
 I have moderate self-esteem  
 I like myself somewhat  
 I like myself a little  
 I have low self-esteem

63. Do you drive an automobile?

no  
 yes

→ If 'yes', how many traffic tickets have you received in the past 5 years? \_\_\_\_\_

→ --while you were the driver, how many accidents have you been in in the past 5 years? \_\_\_\_\_

→ --how often do you drive carelessly?

never  
 almost never  
 less than once a week  
 once a week  
 more than once a week  
 about once a day or more

64. How many times have you contemplated suicide? \_\_\_\_\_

65. How many times have you attempted suicide? \_\_\_\_\_

66. These days my life is

just great  
 more than satisfactory  
 satisfactory  
 less than satisfactory  
 just miserable

67. How often do you wear your seat belt?

always  
 usually  
 about half the time  
 seldom  
 never

68. War is

the worst evil  
 a necessary evil  
 one of the necessities of living  
 often beneficial  
 of considerable benefit in the long run  
 the most noble of man's enterprises

69. Are you currently registered to vote?

no  
 yes

70. Did you vote in the last election?

no  
 yes

71. In the present world crisis

better the destruction of humanity than for the U.S. to fall  
 better to risk the destruction of humanity than for the U.S. to fall  
 bluff hard and fight conventional wars, but never 'push the button'  
 better to coexist and hope we survive than to get into a war of any sort  
 if push comes to shove, 'better Red than dead'

72. When, in your opinion, does human life begin?

at conception  
 at the quickening (when life is felt by the mother)  
 at the 6th month of pregnancy  
 at birth  
 a few days after birth  
 a few months after birth

73. How often have you had the following venereal diseases (VD) or sex-related maladies?  
How old were you when you first caught each?

	never	once	2 to 4 times	more than 4 times	I first got it when I was aged
sypphilis (siff).....	—	—	—	—	—
gonorrhoea (clap, drip).....	—	—	—	—	—
genital warts.....	—	—	—	—	—
hepatitis.....	—	—	—	—	—
non-specific urethritis.....	—	—	—	—	—
lice (crabs).....	—	—	—	—	—
scabies.....	—	—	—	—	—
vaginal/penile infection from vaginal contact.....	—	—	—	—	—
vaginal/penil infection from penile contact.....	—	—	—	—	—
oral infection from vaginal contact.....	—	—	—	—	—
oral infection from penile contact.....	—	—	—	—	—

74. Have you ever had any of the following?

- rash in groin area?  no  yes
- sores on your genitals?  no  yes
- pain or bleeding from rectum not related to hemorrhoids?  no  yes
- penile or vaginal discharge for which no cause could be found?  no  yes

78. Politically, I'm

- a conservative Republican
- a Republican
- a conservative Democrat
- a Democrat
- a liberal Democrat
- a liberal
- radical, socialist
- radical, communist
- radical, anarchist
- just don't care, pox on them all

75. When you knew that you had a contagious disease, how often have you had sex to infect others?

- does not apply, I've never had such a disease
- never
- once
- more than once

79. If a politician strongly supported "gay rights", and wanted homosexuality accepted as a viable and approved life style, would you:

- feel so strongly about this issue that you'd vote for him no matter how he stood on other issues, no matter what his party
- probably vote for him
- tend to vote for him
- feel it made no difference
- tend to vote against him
- probably vote against him
- feel so strongly about this issue that you'd vote against him no matter how he stood on other issues, no matter what his party

76. About how many people have you managed to infect with such a disease? \_\_\_\_\_

77. If you are married, how would you characterize your parenthood/childlessness?

- I'm delighted to be a parent
- I'm pleased to be a parent
- I'm a "reluctant parent", circumstances made me a parent, but had I my choice I wouldn't have been
- I'm "reluctantly childless", but had I my choice I would have children
- I'm pleased to be childless
- I'm delighted to be childless

80. How many children do you have? \_\_\_\_\_

81. Have you ever attempted to kill, engaged in activities designed to kill, or deliberately killed another human being?

no  
 yes

↳ If 'yes', how many people? \_\_\_\_\_

↳ How did you feel about the first experience/time?

marvelous  
 pleased  
 indifferent  
 displeased  
 sick, horrified

↳ How do you feel about having done it now?

marvelous  
 pleased  
 indifferent  
 displeased  
 sick, horrified

82. If you are childless, do you want to have children?

no  
 yes

83. Did you ever get into trouble at school for something you did?

no  
 yes

84. Have you ever been arrested for a non-traffic, non-sexual crime?

no  
 yes

85. Have you ever been arrested for a sexual crime?

no  
 yes

86. Have you ever been convicted of a non-traffic, non-sexual crime?

no  
 yes

87. Have you ever been convicted of a sexual crime?

no  
 yes

88. Have you ever been jailed or imprisoned for a crime?

no  
 yes

↳ If 'yes', did you engage in homosexual activity while you were in jail/prison?

no  
 yes

89. How many times have you broken the law for a non-traffic, non-sexual crime, and not been caught? \_\_\_\_\_

90. How many times have you broken the law for a sexual crime and not been caught? \_\_\_\_\_

91. How many years have you cheated on your income tax? \_\_\_\_\_

92. Do you smoke tobacco regularly?

no  
 yes

↳ If 'yes', at what age did you start? \_\_\_\_\_

93. Do you get "high" on alcohol, cocaine, or another drug or substance regularly?

no  
 yes

↳ If 'yes', at what age did you start? \_\_\_\_\_

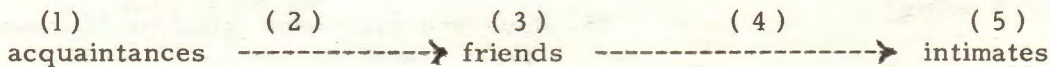
94. When was the last time you shoplifted?

never have  
 this month  
 this year  
 within the past 5 years  
 within the past 20 years or so  
 over 20 years ago

95. As you were growing up, to which parent were you closest?

mother     father  
 neither     does not apply

96. We are interested in peoples' friendships or intimates. Friends or intimates could include one's spouse, parents, children, neighbors, lovers, pets, God et cetera -- in short, anyone who is an intimate friend or very close to you. Those we know range from acquaintances to friends to genuine intimates. We have sketched this range as



What is the number of those intimates you have at "level (4)"? \_\_\_\_\_

What is the number of intimates you have at "level (5)"? \_\_\_\_\_

Now, just considering those at "level (5)", those for whom you care deeply and who care about you deeply, we would like to know the age, sex, and relationship of these intimates to you.

- intimate # 1 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 2 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 3 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 4 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 5 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 6 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 7 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 8 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate # 9 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_
- intimate #10 is \_\_\_ years old, a \_\_\_ male \_\_\_ female and is my \_\_\_\_\_

97. As you were growing up, with whom did you mainly live?
- both of my parents
  - with my father after death of mother
  - with my mother after death of father
  - with father & stepmother after death of mother
  - with mother & stepfather after death of father
  - with father & stepmother after divorce
  - with mother & stepfather after divorce
  - with my mother after divorce
  - with my father after divorce
  - alternated between my parents after divorce/separation
  - with a foster parent or stepparent
  - with two foster parents or stepparents
  - with mother (she was never married)
  - with father (he was never married)
  - with a relative or relatives
  - in a foster home or homes
  - in an institution
  - other (explain) \_\_\_\_\_

98. Who worked outside the home as you were growing up?
- only my father (or stepfather)
  - my father, but mother also had some part-time or 'sometimes' jobs
  - both parents worked, father full-time, mother part-time
  - both parents worked full-time
  - both parents worked part-time
  - neither parent worked
  - my mother, but father also had some part-time or 'sometimes' jobs
  - both parents worked, mother full-time, father part-time
  - only my mother (or stepmother) worked
  - does not apply, I lived with only one parent
  - does not apply, I lived in a different situation

99. How would you characterize your childhood?
- great
  - happier than average
  - average in happiness
  - miserable

100. How should capital punishment be handled?

- possible punishment for crime ought never to include the death penalty
- the death penalty should not exist, but life imprisonment that means life imprisonment should exist
- the death penalty ought to exist as an option for heinous crimes, but on a case-by-case basis (there might be extenuating circumstances)
- when the death penalty is applicable it should be applied -- period
- the death penalty ought to exist and should be applied to criminals more frequently

101. Would you serve as an executioner if our society had the death penalty?

- no
- yes

102. Have you been in a physical fight in the past year?

- no
- yes

103. Please rate your feelings toward humanity

- overwhelming love, concern, tender regard
- high degree of love, concern, tender regard
- love, concern, tender regard
- like a great deal
- like
- like somewhat
- indifference
- dislike
- dislike a great deal
- hate somewhat
- hate, wish ill toward
- hate a great deal, wish ruin upon
- overwhelming hatred, wish extermination

104. How should babies born with serious defects be dealt with?

- they should automatically be killed by the attending physician
- they should be starved to death
- the parents' decision to keep it alive or to allow it to die should be followed
- should be kept alive if it can survive without extensive care
- should be kept alive and treated as any other baby

105. Homosexuality, should be

- discriminated against both legally and socially so that homosexuals should be jailed if discovered practicing homosexual acts
- legally discriminated against (homosexuals should not be allowed to teach or hold jobs involving children, etc.) and barely tolerated socially
- legally discriminated against but tolerated socially
- legally accepted and barely tolerated
- legally accepted and tolerated socially
- legally and socially accepted to the same degree as heterosexuality
- promoted as the best kind of sexuality

106. In your opinion, how should suicide be dealt with?

- it should be illegal and discouraged
- it should be legal and discouraged
- it should be legal and encouraged for the senile, defective and hopelessly ill and retarded

107. Do you own a pet?

- no
- yes

↳ If 'yes', please characterize your relationship to your pet:

- I love it, we have a personal relationship, person-to-person
- I like it, almost like a person
- I enjoy it, its antics amuse me
- I have to keep it, but when it dies, that's it, no more pets

108. Abortion ought to be

- illegal, abortion is murder
- illegal, because law ought to honor human life
- illegal for all but extenuating circumstances (rape, incest et cetera)
- legal, but difficult to get
- legal and readily obtainable, people ought to be able to do what they want in this area
- legal and paid for by society
- legal and paid for by society because law ought to validate a woman's choice
- legal, paid for by society, and encouraged because there are too many people in the world already

109. As you were growing up, did you want to be:  
 a girl?  no  yes  
 a boy?  no  yes
110. How many brothers and sisters do you have?  
 none, I was the only child  
 brothers  
 sisters
111. How popular were you as you were growing up?  
 very popular  
 popular  
 average in popularity  
 below average in popularity  
 very unpopular
112. What was your parent's social status while you were growing up?  
 very high (they were wealthy or educated)  
 above average  
 average  
 below average  
 very low  
 does not apply
113. As you were growing up, were your parents conventional in their roles (father did the male-type things, mother the female-type things)?  
 parents were very conventional  
 parents were conventional  
 roles were mixed and unisexed  
 parents were unconventional  
 parents were very unconventional
114. As you were growing up, did you feel:  
treasured by your mother?  no  yes  
 by your father?  no  yes  
accepted by your mother?  no  yes  
 by your father?  no  yes  
rejected by your mother?  no  yes  
 by your father?  no  yes  
betrayed by your mother?  no  yes  
 by your father?  no  yes
120. How often has someone licked or tongued your anus (you had oral/anal sex)?  
 never has happened  
 once  
 2 to 10 times  
 11 to 100 times  
 over 100 times
115. Generally speaking, while you were growing up, who was dominant?  
 mother was dominant  
 father was dominant  
 neither was dominant  
 does not apply (only one parent etc.)
116. What was the main source of your sex education?  
 personal experience ('fooling around')  
 TV, movies  
 books, magazines  
 parents or parent  
 school  
 church or religious instruction  
 friends, peers (what they told me)  
 members of my family (brothers, sisters, uncles etc.)
117. How adequate do you feel your sex education was?  
 completely adequate  
 adequate, I was mainly prepared  
 barely adequate, I knew some of what I had to know, but didn't know some important things  
 inadequate, I was mainly unprepared  
 zilch, I knew basically nothing
118. When you were growing up, did you ever feel sexually different?  
 no  
 yes  
 If "yes", how?  
 homosexual interests or behaviors  
 lack of heterosexual interests or behaviors  
 overly sexy  
 disliked or feared homosexual sex  
 disliked or feared heterosexual sex  
 some other way  
 How old were you when you first felt this way? \_\_\_\_\_
119. While you were growing up, did your parents physically fight?  
 never, no physical fights between them  
 a little scuffling, not to speak of a fight or two  
 quite a few fights  
 constantly  
 does not apply

file

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# Institute for the Scientific Investigation of Sexuality

Chairperson: Dr. Paul Cameron  
Lincoln, Nebraska

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Gays are the fecal-eaters of our times. A major truth that the media is not reporting about homosexuality is -- almost all gays ingest medically significant amounts of fecal material every week of their sexually active lives! This is THE FACT that explains why so many gays have hepatitis, various bowel diseases, and, very possibly, AIDS (acquired immune deficiency syndrome). It is not a healthy practice to consume another's fecal material -- it is especially unhealthy to ingest the fecal material of strangers. Consider the table taken from the two Kinsey Institute studies. Notice that the usual development of homosexual activity moves from being masturbated by a member of one's own sex (usually around age 12 to 16), to oral/genital with a member of one's own gender (usually around age 15 to 19), to anal/penile activity (around age 16 to 21) to oral/anal (around age 18 to 24). In the second "son of Kinsey" report, conducted in San Francisco in 1970, fully 89% of the gays interviewed admitted to oral/anal contact (11% said "never, as of yet"). However, since some of the respondents were in their teens it can reasonably be assumed that about 95% or more will eventually participate in this disgustingly dangerous practice (analingus involves licking and/or inserting one's tongue in the anus of another for sexual pleasure). And remember, most gay sexual acts occur between total strangers, many gay sexual acts (perhaps a quarter to a third) occur in orgy/group settings -- so much, if not most of this anal/oral contact occurs between total strangers -- many of whom have never even spoken much less shared health histories etc. Notice also the violent tinge to homosexuality -- 26% of gays have practiced sado-masochism and 26% have been homosexually raped!!! People who regularly eat feces can do anything -- and they do. [Many gays claim that they don't regularly perform oral/anal acts -- but if the same penis that has been in an anus then goes into a mouth ....].

Chairperson's Report: Our first project, a nationwide questionnaire study of sexuality has begun! We needed \$70,000 to do our proposed 5-city, 5,000-respondent study. To date we have \$28,000 in hand, about \$ 3,000 pledged, and have spent about \$ 7,000. We have over 400 completed questionnaires via area probability cluster sampling from Omaha and 300 from Louisville, KY. Denver and L.A. start in June, Rochester is pending (scheduled for

Developmental Sequence of Homosexual Sexual Sophistication

Kinsey <sub>1</sub> : 1940s-50s			Kinsey <sub>2</sub> : 1970 in San Francisco			
	Homo males	Homo females	Homo males	largely (75%) hetero males	Homo females	largely (90%) hetero females
	n= 1,447	323	686	335	292	139
<u>1st masturbated by same sex</u>						
under 15	62%	28%	56%	10%	18%	3%
15-18	23	25	22	4	22	1
over 18	5	28	20	1	53	
never	10	19	2	84	5	96
<u>1st oral/genital with same sex</u>						
under 15	26	9	34	5	4	
15-18	30	8	28	3	17	
over 18	27	31	37	1	71	
never	17	52	2	89	8	100
<u>1st anal/penile</u>						
under 15	18		15	2		
15-18	20		26	2		
over 18	30		55	1		
never	32		4	95		
<u>1st oral/anal</u>						
under 15			4	1		
15-18			20	3	5	2
over 18			65	10	19	9
never	41	82	11	85	75	88
<u>1st sadism</u>						
under 15						
15-18			1	1	2	1
over 18			25	4	7	2
never	78	85	74	95	91	97

[Kinsey<sub>1</sub> from Gebhard & Johnson (1979) pgs 498, 501, 504, 543, & 540 respectively | Kinsey<sub>2</sub> from Bell, Weinberg, & Hammer-smith (1981) pgs 152-5, 156-7, 159, 160-1, 161 respectively. K<sub>2</sub> also reports that 26% of the gays, 9% of the 'hetero' males, 12% of the lesbians & 3% of the 'hetero' females had been homosexually raped (p. 165)]

© 1983  
Dr. Paul  
Cameron

Gebhard, P. & Johnson, A.B. The Kinsey data: marginal tabulation of the 1938-1963 interviews conducted by the Institute for Sex Research. NY: Saunders, 1979. Bell, A.P., Weinberg, M.S. & Hammersmith, S.K. Sexual Preference: Statistical Appendix. Bloomington: Univ. Indiana, 1981.



THE CBS SPECIAL REPORT "GAY POWER, GAY POLITICS" WILL BE SHOWN ALONG WITH A SPECIAL FILM PRODUCED FOR Dallas Doctors Against Aids regarding the homosexual health threat on June 6, 1983 at Trinity Lutheran Church at 7:30 pm. PLEASE COME AND BRING A FRIEND. IF YOU HAVEN'T SEEN THIS FILM, YOU NEED TO, IF YOU HAVE YOU KNOW HOW POWERFUL IT IS AND HOW OTHERS NEED TO KNOW ITS MESSAGE.

Trinity Lutheran Church is located at the corner of H & 12th streets  
Lincoln, NE

Remember, June 6 (a monday nite), 7:30, Trinity Lutheran Church

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You can become a member of ISIS.

You can help ISIS financially (its tax-deductible)

You can help ISIS by serving as an interviewer (contact Dr. Cameron for details)

You can help ISIS by disseminating the TRUTH about sexuality and homosexuality. Come to the June 6th meeting and have all (well, almost all) of your questions answered. THE JUNE 6th MEETING IS NOT a PUBLIC MEETING, IT IS NOT MEANT AS A DEBATE. IT IS AN INFORMATION MEETING, AN EDUCATIONAL MEETING.

IF YOU WISH TO CONTINUE RECEIVING THIS NEWSLETTER PLEASE SEND ISIS \$10 for the next years' worth, otherwise, since such efforts cost \$ we shall assume you are not interested and you know what that means!

Remember: the only thing required for evil to triumph is for the good to do nothing

TRUTH will destroy the gay movement. SILENCE WILL ASSURE ITS VICTORY

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I want to help, here is my donation of \_\_\_\_\_ dollars

I want to help, here is my donation of \$10 to continue to receive the newsletter

\_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

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Lincoln, NE

trusting that our supporters will help meet our needs. Friend, this means YOU -- all gifts are, of course, tax-deductible. Our goal is to be finished with data gathering by October 1983. Please help.

Expert witnessing, testimony: I served as an expert witness for the city of Houston in April regarding a film directed and produced by a homosexual that, among other brutalities depicts children being forced to consume feces [Salo: 120 Day of Sodom]. The city lost the case.

On April 19 I testified before the Criminal Jurisprudence Committee of the Texas house in favor of a new anti-homosexual-acts law (it has not cleared committee as of the writing). I also consulted with Dallas Doctors Against AIDS regarding their attempt to reopen the testimony in the Buchmeyer decision (Buchmeyer, a federal judge, overturned the Texas anti-sodomy law as being unconstitutional since it was obvious to him that the framers of the constitution always mean for homosexuals to be able to 'do their thing' -- we must be thankful for federal judges that can ferret out 'truths' that have escaped public notice for over 200 years!!). The appeal is still pending.

On April 18 I met with a dozen Southern Methodist University students regarding their vote regarding whether a gay 'club' would be recognized by the student senate [I had been told by the dean of students that 'it was all locked up for the gays and the President would declare an emergency to see if he could get the whole thing squelched, but that I was welcome to "give it my best shot"']. I met with them and persuaded, in my opinion, 3 to 6 of them to change their minds and vote against the gays [the next day, the vote went 17 to 11 against the gays]. May 11 through 13 I appeared on a number of Houston radio and TV programs on behalf of the house bill and to raise public consciousness regarding the homosexual threat.

I am scheduled to appear on behalf of grandparents in MI attempting to have their grandchildren removed from a gay fathers' custody [their daughter died and the homosexual has, apparently largely for financial reasons, retained custody -- he's had at least 3 'live-in-lovers' in the past 2 years and at least one of these "lovers" has apparently "measured" the little boys' penis]. In the fall I shall probably be expert witness for the Army in a couple of cases.

THE STUDY MUST BE DONE AND MUST BE DONE SOON SO THAT I CAN CARRY OUR FINDINGS TO COURT. TRUTH WILL PUT OUT THE HOMOSEXUAL FIRE.

## Model Sexuality Bill

Approved by the Board of ISIS, April 10, 1983

(The Institute for the Scientific Investigation of Sexuality, Lincoln Nebraska, has devised this bill as a model bill that could be used to rewrite the legislation regarding human sexuality throughout the western world.)

The following bill recognizes that humans are gregarious and apt to follow their fellows. Influence by others occurs on at least the following three levels:

- 1) each person lives as a kind of actor or model, what others perceive or see him to be doing tends to influence them to 'try it' or even to 'go and do likewise';
- 2) it is commonplace for a person to try to recruit others to his way of life, tastes, standards of comportment, world view et cetera; and
- 3) people directly influence each other by seeking to enlist others in their objectives.

It is further recognized that sexuality is a particularly powerful motive. If a person comes to enjoy a particular sexual act or a particular person sexually, it is not unusual for him to 'risk all' to gain his sexual ends. Sexual tastes and proclivities often assume a rather compulsive character; sexual taste frequently becomes tied or fixed to certain events or kinds of persons in ways that are difficult to modify. The precise events or factors that go into the acquiring of any given sexual taste are frequently difficult to specify, but it is known that the same event or act that causes disgust in one person may be the epitome of pleasure to another. We know enough about the development of sexual tastes to be sure that the perception of others' sexual pleasures influences children, youth, and even adults in their sexual choices. Because history has demonstrated that great personal and social trouble has accompanied certain kinds of sexual activities and tastes, it is in the interests of society to direct and regulate sexuality in ways that promote the commonweal.

The foundation of any successful society is the family. It is in the best interests of society to promote and enhance responsible heterosexuality that culminates in marriage. It is known that married people, on-average, contribute disproportionately to the commonweal, not only through the bearing of the next generation but also by their stability and social involvement. Married people, on-average, also cause the state the least trouble and expense, enjoying better mental and physical health, demonstrating most dependable employment and otherwise contributing to a stable social order.

**Prostitution:** Anyone who provides another person sexual services of any sort more intimate than hugging and/or kissing (e.g., manual manipulation of the genitals, oral/genital, genital/genital, oral/anal, or anal/genital) or who engages in any form of sexual whipping, harming, or simulated sexual harming for money or substance or service of value has committed the act of prostitution. It is illegal to engage in prostitution because it degrades and lessens the honor accorded coitus within marriage, constitutes a public health threat, models inappropriate and socially disapproved activity, causes disproportionate expenditures from the public treasury, and results in solicitation to engage in a socially harmful and disapproved activity. Because the threat to public health and the public treasure posed by prostitution is considerable, anyone who solicits for the purposes of prostitution and anyone who accepts the solicitation and actually engages in a prostitute act is guilty of prostitution. Solicitation for prostitution will be treated as though the act had, in fact, occurred. A first conviction for prostitution will result in a fine of \$100. A second conviction for prostitution will result in a fine of \$1,000 and incarceration of a week. Every subsequent conviction shall result in a fine of \$5,000 and incarceration for three months. Any advertisement for prostitution is illegal. Any person who provides the quarters for and/or engages in the management of (i.e., pimps or madams) an act of prostitution is guilty of violating the law and upon first conviction is to be fined \$1,000. Conviction of a second offense shall be punished by a fine of \$5,000, and all subsequent convictions shall be punished by a fine of \$15,000 for each.

It is the intent of this law to promote stable heterosexual marriage in recognition that not only does it tend toward individual happiness, but also toward social and personal stability, social involvement, all the while providing the most desirable setting in which to create and raise the next generation. It is the duty of the state to enhance those factors, influences, life-styles and tendencies that promote responsible married heterosexuality and likewise the duty of the state to

suppress and discourage those factors, influences, life-styles and tendencies that tend to inhibit or discourage responsible married heterosexuality.

**Marriage:** a legal contract between a man of at least 17 years of age and a woman of at least 18 years of age, and the only socially desired and legitimized form of sexual union. When properly conducted by a licensed official and consummated by coitus (i.e., the insertion of the penis into the vagina), marriage joins the man and woman into one economic unit, benefits and debts of the one become the benefits and debts of the other. As the preferred social sexual union, discrimination against any married person or married couple in lodging, housing, employment or use of public facilities is prohibited. Any such discrimination shall be considered a misdemeanor and punished by a fine not less than \$1,000 and not more than \$20,000.

**Other Forms of Heterosexual Cohabitation Involving Sexual Exchange:** Any form of heterosexual cohabitation involving coitus other than marriage lacks legal standing. There shall be no common law marriage, no 'palimony', no rights of gigolos or mistresses, and no rights or obligations stemming from any coital act or acts without the color of marriage, with the exception that any child born of such a union is the joint responsibility of both partners. Further, any man who could have reasonably, by virtue of having had coitus with the woman during 10 months prior to up until birth, caused the pregnancy may be nominated by the mother as the father for purposes of financial responsibility. Since the members of any non-married heterosexual union are performing extra-legally and therefore model a socially disapproved and socially more costly life-style, the couple and each member of the couple or group subject themselves to the various forms of discrimination without legal recourse, and no contract regarding property or duties between the parties of such an arrangement has legal validity.

**Homosexual Acts:** Sexual acts with a member or members of the same gender constitute homosexual acts (e.g., manual manipulation of the genitals, oral/genital, oral/anal, genital/anal, manual/anal activities). Homosexual acts: 1) debate the intent of society to promote marriage as the appropriate housing for sexual activity between adults by modeling an alternative and engendering a motive to recruit others to this socially disruptive behavior; 2) lower the public health: a) via a multitude of sexually transmitted diseases and b) through a number of disruptive accompaniments of the homosexual life-style including elevated suicide, homicide, violence, and drug-abuse rates and also because of the lowering and endangering of the public health, constitute a threat to the public treasure; 3) tend to separate the genders into disinterested and possibly hostile camps and thus tends to social disruption and disorder; and 4) tend to disrupt the socially desired development of children and youth in their sexual growth through disproportionate recruitment and recruitment coupled with sexual exploitation.

**Public Health Considerations:** Because homosexual activity constitutes such a threat to public health through the transmission of diseases, many of which can be transmitted to those innocent of the act of homosexuality through food handling, blood sharing, blood handling and processing, and close physical contact and/or use of public facilities:

- 1) any establishment serving food or handling or processing blood may not knowingly hire or retain a person who practices homosexual acts without first establishing, through appropriate medical tests, the cost of which is to be borne by the employer or the employee, that the individual is unable to transmit any of the several sexually transmitted diseases (STDs). Further, the same battery of appropriate medical tests must be performed every six months and the results therefrom stored by the proprietor and subject to public inspection certifying that the individual or individuals in question are disease-free and constitute no threat to the health of the patrons of the establishment.

- 2) since homosexual acts, whether public or private, tend to promote the separation of the genders and tend to cause public health problems for which all must bear some risk and the consequences of infection there from for which all must pay, it shall be illegal to engage in any homosexual act that involves the exchange or transfer of any bodily fluid or substance (e.g., saliva, semen, mucus, excrement, urine) between any two or more persons of the same gender. Further, because the modeling of associating physical harm or distress with sexuality creates a risk of imitation (an appetitive infection), any homosexual act that does not involve the exchange of bodily fluids or substances but incorporates physical harm or the semblance of harm in the sexual act (such as bondage and discipline, sadomasochism) is especially concerning.

Therefore, because such acts constitute a threat to the public health, they too shall be illegal. Any establishment that violates "1" above will be fined \$10,000 at first offense, \$30,000 at the second and every subsequent offense. Any person who engages in any of the homosexual acts defined in "2" above shall be fined \$1,000 at first offense and will be incarcerated for sufficient time for the appropriate medical tests to be performed to assure that the person is disease-free. The violator shall pay for the costs of the medical tests and treatment if he is financially able to do so. Anyone arrested for performing such homosexual acts as defined in "3" above may not be released to society unless and until he is free of contagious disease.

- 3) no establishment may knowingly offer shelter or a meeting place for homosexual recruitment or activity. Any bar, bath, theater or lodge may not solicit homosexual patronage and any such establishment must make reasonable efforts to monitor and discourage any homosexual acts on its premises. Particularly concerning are institutions known as 'gay baths' and 'gay theatres' in which large volumes of anonymous sexual exchange and bodily fluids and substances are exchanged via homosexual activity. Therefore, any bath or theatre must guard strenuously against the use of its facilities to homosexual ends. If a theatre or bath is found to have knowingly provided a place for homosexual acts the owner shall be fined \$5,000 upon first conviction and \$25,000 for each subsequent conviction.

- 1) no institution receiving tax monies may hire any person known to practice homosexual acts; any administrator who violates this provision shall be dismissed.

- 2) the public airways, satellites, and publicly-regulated utilities may not be used to advertise, solicit, or depict homosexual acts.

- 3) any public employee convicted of a homosexual act must be discharged.

- 4) any licensed professional convicted of a homosexual act must forfeit his license, and undergo suitable rehabilitation before reapplying for licensure.

- 5) no institution receiving tax monies may promote, advertise for, or campaign for homosexual activity. No institution receiving tax monies may permit a homosexual club, gathering, dance, or other public activity to occur on its premises. Any administrator that violates this provision shall be dismissed.

- 6) no public street, park or facility may be used for a homosexual parade, gathering, demonstration or orgy.

**Pornography:** The human body is beautiful and access to the viewing of one's private parts (those ordinarily covered from public view while in public) is a value to the person whose private parts they are and the person or persons who wish to view them. Any pictures, whether still or motion, of the human body, as long as taken with the consent of the person or persons depicted therein, are legal. However, the following depictions are illegal when offered for public sale for sexual purposes (as opposed to scientific or medical purposes):

- 1) any picture of a girl or boy aged 17 or younger that displays those parts of the human body customarily kept covered in public;

- 2) any picture of sexual relations between 3 or more persons;

- 3) any picture of homosexual relations;

- 4) any picture of rape, murder, snuffing, sadomasochism, bondage & discipline or any other mixture of sexuality with physical violence;

- 5) any picture of bestiality.

Any place of business that sells any of the above to the public shall be fined \$1,000 for the first offense and \$5,000 for each subsequent conviction.

**Bestiality:** The interests of good social order are advanced when marriage is modeled and displayed as the only socially-approved sexual outlet, therefore bestiality is illegal. The first conviction for bestiality is subject to a fine of \$100. Any subsequent offense may be punished by a fine not exceeding \$1,000 and imprisonment for 30 days.

**Rape:** The use of one's sexual parts is of supreme value to a person. Use by force destroys good social order and harms the intention of society to sanction only heterosexual activity within marriage as legitimate. The use of force or pain to obtain or during sexual activity outside the bonds of matrimony is illegal. First offense is to be punished by 5 years in prison and a \$10,000 fine to be paid to the victim. A second offense shall result in a fine of \$25,000 to be paid to the victim and incarceration for seven years.

The best interests and ordering of society is achieved when persons, of their full knowledge and consent, engage in heterosexual activity within the bonds of matrimony. No sexual interaction between a minor aged 15 or under and an adult aged 18 or older is legal unless the parties are married. Further, no homosexual interaction between a minor aged 17 or under and an adult aged 18 or older is legal. Both situations will be considered rape and punished as if forceable rape had occurred.

## Is Homosexuality Disproportionately Associated With Murder?

By Paul Cameron

Chairperson, Institute for the Scientific Investigation of Sexuality (ISIS), Inc. 2940 So. 74th Street, Lincoln, NE 68506  
Is homosexuality disproportionately associated with violence? Various authors have suggested that their reviews of the literature indicate that both gay (Karlen, 1971) and lesbian (West, 1977) relationships are particularly prone to physical violence. This stereotype is so pervasive that among many police, particularly gory murders are assumed to be homosexual until proven otherwise (Karlen, 1971). But some social scientists (E.g., Bell, 1979) and most gays activists contend that homosexuality is no more apt to be associated with murder than heterosexuality. To the degree that it can be determined, what are the empirical facts?

### Method and Results

While there are about 22,000 murders per year in the U.S., the sexual habits and proclivities of the murderers and their victims are seldom systematically investigated. Further, no nationwide system for assembling and summarizing such sexual information currently exists. The only study that investigated a considerable set of murders in one jurisdiction was that reported by Swigert, Farrell, and Yoels in 1976. Although exactly how the 50% sample of the 888 homicides from 1955-1973 in this jurisdiction was drawn is not specified, all of the 444 were examined for sexual content in the records maintained by a diagnostic and evaluation clinic associated with the court. Five of the 444 were judged to be sexual homicides (i.e., about 1% of all murders as indexed by this study), and three of the five involved homosexual relationships, two heterosexual.

Another tack would involve examining those murders that attract sufficient media attention to reasonably assure that sexual orientation and habits would be investigated and reported. Nationwide, only mass murders so qualify. A summary of the last 15 years of sexually-flavored mass murders as indexed by Nash (1980) and/or the New York Times index is presented in Table 1. If we exclude the Weinstein-Vestry and Kemper murders because of their unusual natures, inspection of Table 1 reveals that:

- 1) of the 216 victims, 136 (65%) died relative to homosexual activities/proclivities;
- 2) of the 17 sets of crimes, 8 (47%) were associated with homosexuality;
- 3) of the 'top 10 sets', 5 (50%) were associated with homosexuality;
- 4) of the 5 mass murder sets committed by 2 or more people, 3 (60%) were homosexual; and
- 5) of the 23 murderers listed, 11 (48%) practiced homosexuality.

Thus from just about any perspective, homosexuality is writ large in that relatively small subset of mass murders that are associated with sexuality.

### Discussion

Were the population of the U.S. approximately half heterosexual and half bi-to-homosexual the above results would suggest no particular association between homosexuality and murder. However, while Kinsey (1948) contended

that perhaps half of the male population was, at some point in its post-pubertal history, involved in homosexual exchange, more recent probability-based samples indicate that Kinsey's estimate is outrageously high. Cameron & Ross (1981) questioned 2,251 persons drawn via probability area sampling techniques from six different areas across the U.S. regarding their sexual orientation. Results did not vary appreciably by area with 92% claiming exclusive heterosexual, 4% mainly-heterosexual, 2% bisexual, 1% mainly-homosexual, and 1% exclusively homosexual interests. Bell, Weinberg & Hammer-smith (1981) had 477 residents of the San Francisco area, drawn via a probability area sampling technique, judge the sexual preferences of all of their 831 siblings. 90% were judged to be exclusively heterosexual, 6% mainly heterosexual with a small degree of homosexuality, 2% mainly heterosexual with a substantial degree of homosexuality, 1% bisexual, and the remainder as malto to exclusively homosexual. While the metrics and questions employed in the two studies were not the same, it is salutary that responses regarding sexual orientation from 7 different areas of the U.S. utilizing direct (Cameron & Ross) and indirect (Bell, Weinberg & Hammer-smith) measures should generate almost identical estimates: that about 96% of the population is heterosexual and about 4% bi-to-homosexual.

The Swigert et al study suggests that the 4% of the population which is bi-to-homosexuals were about 15 times more apt to murder than heterosexuals. As indexed by sexually-flavored mass murders, this 4% appears to be: a) implicated in 65% of the murders (a rate 16 times higher than that for heterosexuals) and b) associated with 47% or 48% of the murderers (a rate 12 times higher than that for heterosexuals). Thus, depending upon the parameter selected, both studies suggest that bi-to-homosexuals generate a rate of murder about 15 times higher than the heterosexual level. Further research will be required to establish whether the overrepresentation of homosexuality is confined to sexually-related murder or murder-in-general (police lore indicates the latter). It would appear plausible that those who are mis-socialized in an area as important as sexuality would also be more likely to be mis-socialized in their treatment of human life.

Murder is terrifying, albeit low probability event. At a rate of 22,000/year for a population of 220,000,000 the average risk of dying by murder is only 1/10,000. Life entails a number of risks, some greater and some smaller. A hobby of hanggliding is more apt to lead to one's demise than murder. However, prudent social policy attempts to celebrate and/or encourage those kinds of things, entertainments, habits or lifestyles that enhance (or reasonably appear to enhance) human life.

The same prudence dictates that society suppress and/or discourage those kinds of habits et al that threaten, or reasonably appear to threaten human life. Thus our society attempts, officially at least, to suppress less safe children's toys, tobacco smoking, auto racing on public thoroughfares et cetera. While we are unable to affix exact probabilities of risk associated with one kind of toy over another, or drag racing on streets, or even various forms of air pollution, collective action against them is still taken 'in the public interest'. Those who drag race on the public thoroughfares apparently believe that they gain some personal utility that transcends the social interest in public safety, however, if caught exercising their pleasure, dragsters are punished. Persons who practice homosexual acts apparently believe that they gain some per-

sonal utility from their practice. Does this utility transcend the apparently greater risk to the public from sexually-related murder (or murder-in-general)? Is such a public risk sufficient or contribute to a sufficiency to reasonably set public policy against homosexuality? What, if any, are the compensatory benefits associated with homosexuality that outweigh this increased public health risk?

year	rank order	SEXUALLY FLAVORED MASS MURDERS OF THE PAST 15 YEARS name(s) of killer(s)	# victims of	
			hetero	homosexual
1966	7	Richard Speck	8	
		Ralph Moss		2
9	9	Mark Smith	7	
		Walter Hubbach & Byron Lonca		5
1967	9	John Collins	7	
		Thomas Seaman & Leonard Maine (Stephen Weinstein & Clark Vestry)	3	1 (but Weinstein believed many had been killed)
1972		Ed Kemper 7-10 (necrophilia)		
1973	3	Dean Coell & Elmer Hunley, Jr.	27	
		Russell Smith	3	
		Ernie Simons	4	
1978	2	Theodore Bundy	3	
		John Gacy	33	
1980	1	Jillison Benin & others	40	
		Angele Duomo & Kenneth Bianchi	12	
1981	9	David Villarreal*	7	
		David Carpenter*	2	
		Frank Cononica*	25 (7)	
		Ayona Williams	22	
*not convicted			74	136

The Judeo-Christian stance against homosexual activity is not explained by the Bible. Holy writ merely makes it unequivocally clear that homosexual behavior is incompatible with being allowed to exist (the Old Testament) or being a communicant believer (the New Testament). From a traditional viewpoint there can be no question that homosexuality was condemned by the early Christian church with the Teachings of the Twelve Apostles. "You shall not commit murder, you shall not commit adultery, you shall not commit homosexual acts, you shall not steal"; Tatian's "Persons of every age are treated by us with respect...not...as the Romans who sexually abuse young boys"; Theophilus' "...unfaithful who...obey unrighteousness, when they are full of adultery, and fornications and homosexual acts and greed and lawless idolatry"; or Chrysostom's comment that homosexuals "are even worse than murderers, and it would be better to die than

to live dishonored in this way. The murderer only separates soul from body, but these people destroy the soul within the body." White Christian philosophy has always held that sin of one sort would make one more likely to sin in other areas, as near as I can determine, it remained to Augustine to charge specifically that homosexuality would lead to being a 'captive of violence, lust, and carnality' (Sermon 162). It is more than merely interesting that the social psychological theories of these Christian ancients, inhabiting entirely different cultures from our own, should appear to be 'on target' today.

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Homosexuality degrades sexuality with impersonality and unusual associations (perversions)

	lesbians			gays			Spada Report
	Gay Report	Kinsey <sub>1</sub>	Kinsey <sub>2</sub>	Gay Report	Kinsey <sub>1</sub>	Kinsey <sub>2</sub>	
sadomasochism	15%	8%	9%	37%	21%	28%	16%
bondage & discipline	13			27			12
humiliation	5			22			8
fist-fucking (arm inserted up anus)	12.5			22			15
urination (golden showers)	7	12		23	10		19
defecation (scat)	1			4			3
enemas	1			11			
oral/anal contact	35	12	21	83	43	89	
homosexual rape by respondent to respondent	2 7		11	4 18		24	

Homosexuality degrades the meaning of commitment and bonding

longest relationship (Md)

	lesbians	gays
Kinsey <sub>1</sub>	3 years	2 years
Kinsey <sub>2</sub>	2-3 years	2-3 years
Gay Report	3 years	1-2 years

how many times have you been in a homosexual 'marriage'?' (M. Mendola, The Mendola Report, NY: Crown, 1980)

	lesbians	gays
never	10%	12%
once	47	46
twice	31	31
thrice or more	12	11

"Do you want a monogamous relationship, that is where the two of you have sex only with one another?" (Kinsey<sub>1</sub>; Gebhard & Johnson, 1979, p. 616)

	438 gays	113 lesbians
yes	37%	40%
no	60	58
uncertain	3	2

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Dr. Paul Cameron  
ISIS  
2940 S. 74th  
Lincoln, NE 68506  
402 489-6176

WHAT THINGS DO YOU THINK MADE YOU BECOME HOMOSEXUAL?

white males (n= 1,187)		white females (n= 183)		
400	(34%)	homosexual contacts	65	(36%)
298		early homosexual experience	33	
102		homosexual associates	32	
367	(31%)	family discord	79	(43%)
215		poor relationship with mother	35	
152		poor relationship with father	44	
332	(28%)	difficulty with heterosexuality	61	(34%)
94		anti-heterosexual training	23	
174		hetero partner unavailable	17	
66		fear heterosexuality	21	
195	(16%)	noncongruent gender development	32	(19%)
135	(12%)	social ineptitude	21	(11%)
134	(12%)	born homosexual	13	(7%)
83		desire for love	15	
47		physical trait	4	
29		poor sex education		

Kinsey<sub>1</sub> (Gebhard & Johnson, 1979, p. 618)

What do you think were the most important factors in your becoming homosexual?

(the 432nd question in the Kinsey<sub>2</sub> investigation, but suppressed with the exception of Alan Bell's brief mention, in 1973), "When we asked our subjects to enumerate the factors they thought were responsible for their homosexuality, the majority of the white males did not mention parental influence at all. Of those who did, the largest numbers mentioned an absent or distant father and/or a dominating or suffocating and overprotective mother. Of those who mentioned non-parental factors, 16% thought that their early homosexual experiences were responsible for their becoming homosexual, 15% said that they had simply been born that way, and 10% spoke of factors which resulted in an opposite-sex gender identification." Nebraska Symposium on Motivation 1973, pp. 1-26.

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Dr. Paul Cameron  
ISIS  
2940 S. 74th  
Lincoln, NE 68506

The Public Health Threat of Homosexuality

disease	probable ratio Homo:Hetero	proportionately greater risk associated with homosexuality	% gays in <u>Gay Report</u> ever 3+ times	reference
gonorrhea	approx. 20-25%:approx. 75%	6-7X	40% 15%	Felman & Nikitas, 1982
pharyngeal	approx. 5-25% : approx. .2-1.4%	25X		Felman & Nikitas, 1982
	<p>"The one-week delay in obtaining definitive culture results, notifying patients, and getting them back to the clinic for treatment, combined with the large number of anonymous sexual contacts which these individuals may have while attending the baths, makes epidemiological treatment on the basis of GC culture results relatively ineffective in stemming the tide of GC transmission among gay men." Ostrow, Shaskey, Steffen, &amp; Altman, 1980.</p>			
Neisseria meningitidis	approx. 42% : approx. 7%	147X		Janda, Bohnhoff, Lerner, & Morello, 1980.
syphilis	approx. 50% : approx 50%	25X	15% 1%	
amebiasis	(a fourfold increase in Bay area resulted in a 25X increase)	hundreds of times		Dritz, 1980 Heller, 1981
	<p>"Studies demonstrating very high rates of amebic infections in selected gay populations - both symptomatic and asymptomatic infections - have frightening public health implications. In a retrospective study of a one-year period at a general hospital, every patient with a positive stool examination for E. histolytica who had not traveled to an endemic area was found to be gay." M. Heller, 1981</p>			
giardiasis		15X		William, 1980
	<p>"At New York Hospital-Cornell Medical Center, gay men constituted 40% of adult men treated for amebiasis and 22% of those treated for giardiasis." William, 1980</p>			
	<p>"To date, venereally acquired enteric protozoal diseases seem to be largely present in the gay community alone." William, 1980</p>			
	<p>"Because of the difficulties in identifying and treating those infected, as well as their sexual contacts, and because of the difficulties in identifying the entire population at risk, the immediate prospects for the containment and eradication of these diseases seem, to me at least, to be dismal." William, 1980</p>			

hepatitis A

(43% of all cases in Seattle-King Country) 6-10X 12% Dritz, 1980  
18X Handsfield, 1981

hepatitis B

(22% of all cases in Seattle-King County) 6-10X 29% Dritz, 1980  
7X Handsfield, 1981

anti-HA 30% : 12% 3X Corey & Holmes, 1980  
annual incidence of hepatitis dozens of times  
A in seronegative Homo was  
22% vs. 0% in Hetero men

in the 9 months of the study  
10% of the Homo men acquired hepatitis B infection Corey & Holmes, 1980

34% had anti-HB<sub>s</sub>: 4% 9X Dietzman, Harnisch, Fry, Alexander, & Holmes, 1977

5.6% sera +B: 0.9% sera + B 9X Dietzman et al, 1977

approx. 15% : 0.1% annual 150X Mulley, Silerstein, & Dienstag, 1982  
annual attack attack rate  
rate

"An average of 10 per cent of all patients and asymptomatic contacts reported to the San Francisco Department of Public Health because of positive fecal samples of cultures for ameba, giardia, and shigella infections were employed as food handlers in public establishments; almost 5 per cent of those with hepatitis A were similarly employed. ... an estimated 60 to 70 per cent of these food handlers were homosexual men. Sources of their infections were either food or sexual contact between male roommates, or oral or anal intercourse between partners." Dritz, 1980

condylomata acuminata  
(genital warts)

many times                      14%    2%

herpes

many times                      5%    3%

AIDS  
(acquired immunodeficiency  
syndrome)

75% homo : 5% hetero

361X

Felman & Nikitas, 1982

"It appears that the homosexual population is susceptible to an accelerated immunologic attrition that begins early in life and may be complete by age 35 to 45. Accumulating evidence suggests that the acquired immunodeficiency in the homosexual population is a result of repeated infection with the same or multiple viral agents." Ammann, 1982

Among gays:

62% of white males had at least one STD

Bell & Weinberg, 1978, p. 336

68% of 1,543 males in the Spada Report

had at least one STD

Spada, 1979

78% of 3,696 males in the Gay Report

had at least one STD

Handsfield, 1981

"It is reasonable to consider why a gay bowel syndrome should appear now. Sexual transmission of enteric parasites is neither new nor limited to gays, but the large number of patients, virtually all male and all gay, with these diseases is indeed a new phenomenon. The factors most likely responsible .... are analingus, the gay baths, the emergence of an open gay culture and the asymptomatic carrier state of the diseases involved. ... The establishment of a large number of institutions (gay baths) where the gay patron is admitted for a very modest fee and engages in frequent and anonymous sexual intercourse with multiple partners is another new sociologic phenomenon. Originally limited to a few major urban areas, these bath houses (and similar establishments without baths) are now present in virtually all urban areas and are advertised widely in publications with a gay readership. There are many characteristics of gay baths (i.e., a large transient and anonymous population, a warm and moist environment and the frequent use of drugs and alcohol) which present a special risk for the transmission of infectious disease and special difficulty in applying traditional contact-tracing techniques. ... In practical terms, this means that eradicating such a disease once it has been introduced into a population group is difficult or impossible." M. Heller, 1981



shigellosis	(a fourfold increase in Bay area resulted in a doubling)	dozens of times	Dritz, 1980
	(50% of all in homosexuals in Seattle-King County)	dozens of times	Handsfield, 1981
salmonellosis	(a fourfold increase in Bay area resulted in a doubling)	dozens of times	Dritz, 1980
	"...unlike heterosexual populations where this self-limited disease is often not treated, treatment of shigella in the gay population is warranted on public health grounds." M. Heller, 1981		
cytomegalovirus	97% of homo : 25% of hetero positive	4X	
	78% with titers above 1:16	0% with titers above 1:16	hundreds of times
			Kornfeld, Stouwe, Lange, Reddy & Grieco, 1982
OKT4/OKT8 ratio (helper/suppressor cells)	83% of homo : 0% of hetero reversed	hundreds of times	Kornfeld, et al 1982

"Cytomegalovirus infection has received major attention as a possible infectious agent responsible for acquired immunodeficiency. The virus is strongly implicated as a cause of Kaposi's sarcoma in the homosexual population and virtually all homosexual men have evidence of continuing excretion of this virus. Repeated infection with cytomegalovirus alone, or in conjunction with other viruses, could result in rapid loss of T-cell function with susceptibility to opportunistic infection or malignancy." Ammann, 1982

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## AIDS plague tangles politics with medicine

**T**HE REV. Paul Moore Jr., Episcopal bishop of New York, suggested the other day that anti-gays are seizing on the AIDS outbreak as an excuse to ostracize gays. That seems true. But it seems equally true that the gay community is playing the same game—seizing on the AIDS issue to gain a degree of acceptance and legitimacy that was not present, or maybe not possible, before.



Owen Moritz

Consider events since the alarm over AIDS (Acquired Immune Deficiency Syndrome) grew to headline proportions:

After saying it would be sold on the open market, the Koch Administration relents and puts a hold on the sale of the caring community shelter on W. 13th St. to give time to a coalition of gay supporters to raise funds to buy the place.

Gov. Cuomo says there isn't \$5.2 million in the state budget of \$31 billion for the fight against

AIDS: "I don't have it. It's not there." Three days later, the governor changes his mind; he finds the money is there.

The New York Times is also changing its approach in print toward gays, if news account are correct of a meeting between the paper's leadership and the gay community on the eve of a threatened boycott.

These are political developments as much as they are medical developments and maybe they would have happened anyway. Yet the evidence is persuasive that the political climate is changing toward gays as a result of the unfortunate AIDS outbreak. No politician feels he can afford to be perceived as soft on AIDS.

Mayor Koch, for example, in a letter to the New York Native last week went to some lengths to point out the policy changes; some of them quite bold, that he has instituted to reduce bias against anyone because of sexual orientation. A number of those directives, including establishment of the Office of Gay and Lesbian Health Concerns in the Department of Health, came since the AIDS issue went public.

Why was the mayor writing? To protest suggestions in the Native—the "reprehensible" suggestions as he put it—that he was taking a low profile on AIDS lest he antagonize the city's larger population. "It is outrageous," he wrote, "to be falsely accused . . . of not working to get greater attention paid to AIDS, both in the press and in the federal government."

In today's climate, the dialogue can be interesting, if not at times dangerous. Sen. Roy Goodman, chairman of the Senate Investigations Committee, talks of the "AIDS epidemic" and takes the state Health Department to task for not moving decisively on the matter. As in this comment in Albany to Health Commissioner Dr. David Axelrod:

"Doctor, it's certainly no secret that it's our view that this is an emergency and that it requires aggressive and imaginative emergency action."

**U**NFORTUNATELY for Roy Goodman, it is not only the state Health Department that fails to share fully his alarm. It is also the city Health Department and, significantly, the New York City Human Rights Commission.

"There is no epidemic," says Isaiah Robinson, the commission chairman. Robinson says 1,600 cases of the disease have been reported in the nation out of a population of 200 million plus. "One ten-thousandth of one percent is not an epidemic." T.C. Wu, another commission member, adds: "The fear is easily exaggerated."

Incidentally, Robinson's remarks came in the context of new action against morticians, employers and anyone else who discriminates against suspected carriers of AIDS. There is hysteria among morticians and prison guards and employers, but at least part of that is due to the gross exaggerations and talk of epidemics. In last week's Gay Pride parade in San Francisco, one victim marched with a T-shirt that read: "I have AIDS, not leprosy."

But the point is not whether there is a crisis or an emergency—there is clearly one among high-risk cases. Rather, it is how a serious medical issue has been raised to political heights. And how talk of an epidemic at a treble pitch has bred overreaction and a backlash of hysteria.



"Hopkins came up with a cigarettes. . . It's tranquilize"

## The endless

**I**T'S NO SURPRISE that the Supreme Court has tossed out a basketful of state laws and local ordinances intended to nibble away at women to abortion on demand. The high court doing that for a decade, ever since it together a scientifically unsound rationale legalizing abortion in Roe vs. Wade.

So now the dreary, weary battle over—the most bitter, persistent and divisive single issues in politics—will shift to Congress. Despite rejection in the Senate last week, a constitutional amendment that reads, "A abortion is not secured by this Constitution," legislative efforts to curb abortion will continue.

Why don't pro-life forces, who've defeated so often since Roe vs. Wade, give up? Why do so many still persisting that much of the public finds them as pietistic and—worst of all—boring? Most crusaders have little to gain personally.

If it were any other kind of political would be dead by now. More than 10 women have had at least one abortion in a decade. They have an emotional investment in abortion being socially and morally OK for the men who find it convenient for women to dispose of their unborn children. Abortion is highly profitable for many medical practitioners. A sexually permissive society needs to disconnect sexual activity from its natural consequences, even from the responsibility of contraception. And the Prohibition can be made, in blood: If laws be broken, women will get them anyway, unsafe, criminal conditions.

But the abortion issue won't go away. It is incompatible with medical facts and the nation's concern for human rights.

The more scientists learn about unborn—they feel pain, respond to stimuli, multiply, liberately, have unique fingerprints and resemblance—the more difficult it is to do them disposable, insensate tissue. The skilled doctors become in saving the babies born weighing less than three pounds more hideous it seems that infants of that age and size are killed in the same hospital deal with infants who are born alive after an abortion has hurt but not killed them.

In a nation so concerned about human that it bends its legal code almost out of shape to protect criminals and rarely executes even the most heinous convicted murderers, to people find the killing of 1.6 million babies a year illogical and intolerable. They call abortion to be genocide against a pa-

# Points of View

## plague politics medicine

more Jr., Episcopal bishop of New York the other day that anti-gays are seizing the AIDS epidemic as an excuse to ostracize gays. It seems equally true that the gay community is playing the same game—seizing on the AIDS epidemic for acceptance and legitimacy that was not present, or maybe not possible, before.

Consider events since the alarm over AIDS (Acquired Immune Deficiency Syndrome) first broke: the epidemic grew to headline proportions; the federal government relented and put a hold on the sale of the caring community shelter on W. 13th St. to give time to a coalition of gay supporters to raise funds to buy the place.

Gov. Cuomo says there isn't \$5.2 million in the state budget of \$31 billion for the fight against AIDS. "It's not there." Three days later, the governor finds the money is there. The state is also changing its approach in print account are correct of a meeting between Governor Cuomo and the gay community on the subject of developments as much as they are possible and maybe they would have happened sooner if it were as persuasive that the political and gay community as a result of the unfortunate epidemic feels he can afford to be DS.

ample, in a letter to the New York Times he says some lengths to point out the policy is quite bold, that he has instituted it because of sexual orientation. Aides, including establishment of the Urban Health Concerns in the Department of Health the AIDS issue went public. In writing? To protest suggestions in the "ible" suggestions as he put it—that he is on AIDS lest he antagonize the city's "outrageous," he wrote, "to be falsely claiming to get greater attention paid to AIDS and in the federal government." The dialogue can be interesting, if not at Roy Goodman, chairman of the Senate Committee, talks of the "AIDS epidemic" and the Department to task for not moving faster. As in this comment in Albany to Dr. David Axelrod:

There is no secret that it's our view that this epidemic requires aggressive and imaginative action.

For Roy Goodman, it is not only the Department that fails to share fully his vision of the city Health Department and the New York City Human Rights Commission. "The commission," says Isaiah Robinson, the commission's chairman, "says 1,600 cases of the disease have been reported out of a population of 200 million. That's a rate of one percent is not an epidemic." Robinson, a commission member, adds: "The fear is

that the epidemic's remarks came in the context of the epidemic, physicians, employers and anyone else suspected carriers of AIDS. There are physicians and prison guards and employees of that is due to the gross nature of the epidemic. In last week's Gay Pride parade, one victim marched with a T-shirt that said 'S, not leprosy.'

Whether there is a crisis or an epidemic clearly one among high-risk cases. The medical issue has been raised to the level of how to talk of an epidemic at a treble and a backlash of hysteria.



"Hopkins came up with a nice addition to our regular and menthol cigarettes. It's tranquilized so the new warning won't bother anybody."

## The endless battle over abortion

IT'S NO SURPRISE that the Supreme Court has tossed out a basketful of state laws and local ordinances intended to nibble away at women's right to abortion on demand. The high court has been doing that for a decade, ever since it stitched together a scientifically unsound rationale for legalizing abortion in Roe vs. Wade.

So now the dreary, weary battle over abortion—the most bitter, persistent and divisive of all single issues in politics—will shift to Congress. Despite rejection in the Senate last week of a constitutional amendment that reads, "A right to abortion is not secured by this Constitution," legislative efforts to curb abortion will continue.

Why don't pro-life forces, who've been defeated so often since Roe vs. Wade, give up and accept changing sexual mores and morals as inevitable? Why do so many still persist, knowing that much of the public finds them annoying, pietistic and—worst of all—boring? Most pro-life crusaders have little to gain personally.

If it were any other kind of political issue, it would be dead by now. More than 10 million women have had at least one abortion in the last decade. They have an emotional investment in abortion being socially and morally OK. So do the men who find it convenient for women to dispose of their unborn children. Abortion is highly profitable for many medical practitioners. A sexually permissive society needs a way to disconnect sexual activity from its natural consequences, even from the responsibility to practice contraception. And the Prohibition argument can be made, in blood: If laws ban abortions, women will get them anyway, but in unsafe, criminal conditions.

But the abortion issue won't go away because it is incompatible with medical facts and with the nation's concern for human rights.

The more scientists learn about unborn babies—they feel pain, respond to stimuli, move deliberately, have unique fingerprints and family resemblance—the more difficult it is to consider them disposable, insensate tissue. The more skilled doctors become in saving the lives of babies born weighing less than three pounds, the more hideous it seems that infants of the same age and size are killed in the same hospital or to deal with infants who are born alive after an abortion has hurt but not killed them.

In a nation so concerned about human rights that it bends its legal code almost out of shape to protect criminals and rarely executes even the most heinous convicted murderers, too many people find the killing of 1.6 million babies a year illogical and intolerable. They consider abortion to be genocide against a particular

group of human beings; to give up opposing it would be to accept another holocaust.

Most political issues are settled by compromise. But compromise is difficult in the face of holocaust and such critical facts as when life actually begins are still scientifically debatable.

But if anyone is exhausted by the interminable debate and ready for compromise, perhaps there's a place to start. Life can be defined at its beginning by the same criteria as at its end: the detection of heartbeat and brain activity. Both can be determined in an unborn baby by the age of eight weeks. There is no doubt abortion is painful and cruel once the brain and nervous system are functioning. Before brain activity begins, the case against abortion must rest on the human potential in the growing mass of cells and on religious arguments.

Restricting abortion after brain activity begins has scientific logic and humane justification. It would not rule out contraceptives like the IUD that apparently prevent implantation of a fertilized ovum. And it would stop killing unborn babies that are recognizable as people.

Admittedly, this still leaves some hard cases. Some teen-agers—particularly victims of incest—may not accept the fact that they are pregnant until after such a deadline. The results of amniocentesis to determine whether an unborn baby has certain genetic disorders are not available until the 18th or 19th week of pregnancy. But British researchers recently announced a new way to obtain fetal cells for genetic testing by the 9th or 10th week of pregnancy and further improvements in testing are likely.

ABORTION foes aren't going to give up. They can't. As Justice Sandra Day O'Connor noted in the dissent she wrote to the Supreme Court's new ruling, "The Roe framework is clearly on a collision course with itself." It can't be sustained as science learns more about unborn infants and as abortion supporters realize more clearly what it really is they are allowing.

Until education, sexual mores and totally effective contraceptives can prevent all unwanted pregnancies, the only rational compromise is to restrict abortions to pregnancies where there are no detectable signs of life or when serious birth defects are diagnosed. Such a compromise will satisfy neither pro-life nor pro-choice supporters. But it could get the issue out of Congress, the Supreme Court and the state legislatures for a while and then maybe science—and perhaps even changing sexual mores—can make the divisive old issue moot.

BY JOAN BECK  
Chicago Tribune

# WHITE

**More than 300 Californians now have AIDS, and the number of new cases is doubling every six months. But San Francisco's gay leaders, worried about the image of their community, have obscured vital information about how the deadly disease is spread. Their actions have endangered thousands of lives.**

**L**IBERTY BATHS may have the look of a sexual YMCA—showers and a sauna, hair dryers, Coke machines, and gay men cruising the halls with towels wrapped around their waists—but it is actually part of a medical and political controversy over a sexually transmitted disease that is tearing San Francisco apart. In the basement are scores of private rooms with muffled sounds of ecstasy coming from behind closed doors. One door is open, and a man lies facedown on a cot presenting himself seductively to anyone who might happen by. On the top floor is a carpeted viewing room where naked men watch gay porn on a movie screen while idly fondling each other. Down the hall a middle-aged man stands at one of the stalls that have “glory holes” cut in at waist level while a faceless stranger on the other side of the partition performs fellatio on him.

The only place where there seems to be conversation is at the lunch counter, where two naked men are munching on hamburgers and talking about the AIDS (acquired immune deficiency syndrome) epidemic that has terrified the city. “I could get back into the closet right now,” says one of the men, “and still get it in a year or so. So what would I have achieved? Celibacy.” The other nods enthusiastically. “I know,” he says. “We’re just little time bombs, aren’t we?” Then he stands, stretches, and wipes his mouth with a napkin. “Well, I don’t know about you, but I’m going to have some fun while I tick.” After they have gone, the short-order cook shakes his head. “Did you hear that? It’s like some straight joke about queers.”

The humor has gotten grimmer in San Francisco. (“How does Anita Bryant spell relief?” goes one of the sicker jokes. “A-I-D-S.”) And beneath this brittle bravado, the city exhibits the signs of profound anxiety and turmoil. Police requisition latex masks and surgical gloves when they have to deal with gays; gay landlords evict tenants showing the telltale purple lesions of Kaposi’s sarcoma, a rare skin cancer associated with AIDS; patrons worry about frequenting the city’s restaurants, where many of the service workers are gay; health workers who do not hesitate to deal with the most grotesque

street maladies treat hospitalized AIDS patients like lepers, shunting them off to remote rooms and sometimes allowing call buttons to go unanswered.

It might be expected that the best organized and most powerful gay political machine in the country would have been able to deal with this situation. And in a limited way it has. Led by San Francisco’s only gay supervisor, Harry Britt, and supported by Mayor Dianne Feinstein, the San Francisco Board of Supervisors appropriated \$4 million for the present fiscal year to combat AIDS, and the congressional offices of the late Phillip Burton (Democrat, San Francisco) and Barbara Boxer (Democrat, Marin County) have rigorously lobbied Washington for more money. But for the most part, gay leaders have resolutely, and astonishingly, refused to speak out on the basic issue of AIDS—the medical consensus that it is contracted and spread through sexual contact—and they have failed to demand the prophylactic measures that could help contain the disease.

Recognizing this as an issue that threatens the political momentum that could lead to gay control of the board of supervisors within the next decade, gay leaders have made the matter of AIDS transmission into a “dirty little secret.” As a result of their influence, until May of this year there was not a single piece of health department literature in the city’s health clinics to inform their high-risk clientele of the fact that AIDS is transmitted through blood and semen. Public health officials have suppressed information about the extent of the epidemic. Attempts to close places such as the gay baths, where the anonymous public sex implicated in the spread of the disease takes place, have been preemptively crushed. And those gay public figures who have tried to provoke a discussion of the issues have often felt pressure and intimidation.

Catherine Cusic is a lesbian who heads the Gay/Lesbian Health Services Committee of the Harvey Milk Gay Democratic Club’s AIDS Task Force. She is outraged by the dereliction of the gay leadership. “It is a pattern that goes back to the first appearance of AIDS,” she says. “There are leaders in this community who don’t want

# WASH

people to know the truth. Their attitude is that it is bad for business, bad for the gay image. Hundreds, perhaps thousands, are going to die because of this attitude. The whole thing borders on the homicidal."

Since the first victim was diagnosed in 1981, AIDS has developed into an epidemic of frightening reach and deadly grasp. There are now more than 1,500 confirmed cases in the United States; in the last two years more than 550 of those have proved fatal. In San Francisco, which has the second largest number of cases after New York (Los Angeles is third; see sidebar), all of the patients who contracted AIDS three years ago, and 75 percent of those who have contracted it in the last two years, are dead. Moreover, the disease is spreading with startling speed, increasing tenfold in San Francisco since 1981. In addition, there are uncounted hundreds living with the early warning signs (fatigue, glandular swelling, weight loss) while awaiting the onset of pneumocystis carinii pneumonia or Kaposi's sarcoma, which their damaged immunological systems will be unable to fight off. And because the symptoms can take as long as sixteen months to manifest themselves, thousands more are walking around oblivious to the disease that is taking hold inside them. Even more ominous, AIDS carriers may be contagious during the latency period.

As the medical community has worked to isolate and identify the virus it now feels certain causes AIDS, there has been a parallel struggle to define the disease socially. Some of the most violent talk has come from Christian fundamentalists, who compare AIDS to a biblical plague, and from secular moralists, who use the ready-made metaphor of Mother Nature finally striking back at transgressors against her awes. Gays, too, have been guilty of rhetorical excess. This may be understandable, given the history of discrimination and oppression from which they have so recently emerged. Carelessly using terms such as "genocide" and "holocaust," they view the slow progress of medical research as evidence of homophobia and compare it with the quick response to legionnaires disease and toxic shock syndrome. The AIDS virus just happens to have struck the gay community first, they say, and c

just as easily have had its malignant genesis in the heterosexual world.

In fact, the federal health bureaucracy has reacted forthrightly, if not especially swiftly, as AIDS has attained the critical mass necessary to make it a significant national health issue. Dr. Edward Brandt, assistant secretary of the U.S. Health and Human Services Department, has identified the disease as the "number-one priority" for the U.S. Public Health Service. In May, Congress moved to appropriate \$12 million to fight the epidemic (at press time the appropriation had not yet passed the Senate), which would bring the total federal expenditures to \$26 million—considerably more than was spent battling either legionnaires disease or toxic shock syndrome over a longer period of time.

Gay leaders have reacted by charging that this money represents the tardy cynicism of a society worried that AIDS will jump the boundaries of the gay world and become a general menace. In fact, the disease has affected three narrowly defined high-risk groups in addition to bisexuals and gays with multiple partners: drug addicts, hemophiliacs, and Haitians. Moreover, while heterosexuals have been affected, there has often been a link to homosexuality: drug users sometimes share needles with gays; hemophiliacs receive blood from gay donors; and, according to Haitian officials, more than 30 percent of the victims in that country are homosexuals. In California particularly, the epidemic has imploded on gays, who constitute at least 90 percent of AIDS victims. Because the disease is communicable, spreading as a result of sexual contact, the only way in which the analogy with legionnaires disease or toxic shock syndrome would hold is if the legionnaires had insisted on returning to the hotel where they contracted their malady or if women had continued to use the dangerous tampons.

**H**ERB CAEN WAS ONE of the first to alert San Francisco to the confusion and schisms within the gay community. In late May he reported in his *San Francisco Chronicle* column that a gay doctor had run into three of his AIDS patients in one of the baths and ordered them out, only to have them refuse

By  
**Peter Collier  
and  
David Horowitz**



CHARLY FRANKLIN

**Liberty Baths: Some gay leaders want the baths closed for health reasons. Others defend them on political grounds, as symbols of gay sexual freedom.**



ED KASHI

**Chronicle reporter Randy Shilts: "I've never been under such pressure to suppress a story."**



RINK

**Public health official Pat Norman: "There was never a decision that the study should not be put out."**

to leave and threaten to sue him for breach of confidentiality. But the gay community's ambivalence in facing up to the disease is nothing new. Several months ago, Catherine Cusic asked the city's public health department to put up posters about AIDS on buses and in other public places. The suggestion was presented to Pat Norman, a lesbian who coordinates the city's lesbian-gay health services, but no action was taken. Since then, while more and more gays have contracted AIDS, the department has maintained a curiously uninvolved stance. Most public health experts, including gays, have come to the conclusion that the disease is sexually transmitted and that anal intercourse significantly increases the risk. "The agent is probably a blood-borne virus in many ways similar to hepatitis B, which can be transmitted by direct inoculation of blood and through intimate sexual contact . . . where bleeding takes place," said Dr. Marcus Conant, who works with the gay-run Kaposi's Sarcoma/AIDS Foundation, at a recent city-sponsored AIDS symposium. However, in a pamphlet prepared by the foundation and distributed by the city, references to anal sex or any sex connected with trauma were omitted.

Cusic and other members of her committee have come to regard all this as a "conspiracy of silence," although at times it seems more to resemble a campaign of disinformation with clear political overtones. They point out that Pat Norman and the gay health activists who support her in the moderate Alice B. Toklas Memorial Democratic Club, a gay organization, have ties to the mayor's office and to political patronage. And the Toklas club apparently fears that taking a stand on the issue of the transmission of AIDS will cause a backlash against the city's institutionalized gay lifestyle and against gay businesses, which have become an important aspect of San Francisco's economy. When the Harvey Milk club recently joined the recall campaign against Mayor Feinstein, the Toklas club backed the mayor (who herself worried that the AIDS scare might keep the city from becoming a site for the 1984 Democratic Convention). Meanwhile, Norman has filed a declaration of intent to run for the "gay seat" on the board of supervisors in the next city election.

The politics involved in AIDS are not only intramural and civic but sexual as well. The philosophy of the Stonewall Gay Democratic Club is "Sex doesn't cause AIDS—a virus does." This has become the rallying cry of gays who fear the hidden message inherent in acknowledging that the disease is sexually transmitted: physician, heal thyself. In the words of one gay leader, "[People] worried that if they admitted the disease was spread sexually, everything that had been said about their lifestyle would seem true. They just

wouldn't admit it, whatever the evidence."

The extent of this willingness to suppress information became clear earlier this year. Andrew Moss and Michael Gorman, two researchers at UC San Francisco Medical Center, completed a study showing that 1 of every 333 single men in the Castro area (including Noe Valley and the Haight) had already been diagnosed as having AIDS. On January 16 and on several occasions over the following weeks, Moss and Gorman met with gay health activists from the Kaposi Sarcoma/AIDS Foundation, the Bay Area Physicians for Human Rights, the three gay Democratic clubs, and public health officials to discuss their findings. Despite some dissent, however, the consensus at these meetings was against making the Moss-Gorman figures public, lest they be taken out of context and be misinterpreted.

At a meeting in early March to draft a statement on AIDS for the Lesbian/Gay Freedom Day Parade, Bill Kraus, an aide to the late Congressman Burton, and Dana Van Gorder, of Supervisor Britt's office, strongly urged inclusion of the Moss-Gorman findings. Their proposal was defeated by Pat Norman and the other committee members, and the report languished until later that month, when it was leaked to Randy Shilts, a reporter on the *Chronicle's* gay beat. Public health director Mervyn Silverman now says, "It didn't tell us anything we didn't already know." But he admits that he never saw the study, which was held back by health department officials. "There was never a decision that it should not be put out," Norman says, echoing Moss and Gorman's point of view, "but a question as to what context it should be put out in." Dr. Selma Dritz, assistant director of the health department's communicable disease division and a collaborator on the report, did not push the study, either. She says that the decision of whether or not to publish was up to Moss and Gorman.

Explaining his decision to publish the report, Shilts—who is gay—says, "The people in the Castro had a right to know this. If they're tricking in the bars, they've got a real good chance of tricking with somebody who has the disease. I got a call from Gorman, telling me not to print the information. Gay political leaders called, including Randy Stallings [president of the Toklas club and cochair with Norman of the Coalition for Human Rights, the umbrella organization for all the gay groups in San Francisco]. In eight years as a journalist, I've never been under such pressure to suppress a story. People kept telling me it would hurt business in the Castro, hurt the Gay Rights Bill in Sacramento. My feeling is, what the hell—if you're dead, what does the rest of it matter?"

Other gay leaders who had been pushing to get the conclusions of the Moss-Gorman study publicized and acted upon also found themselves under pressure. One of them

was Kraus. "I kept saying that people have a right to know this," he says. "Those who wanted to keep the report under wraps said that if it got out, people would be afraid to come to the Castro, that AIDS patients would be thrown out of restaurants and all that. I went through an agonizing period saying to myself, 'What the hell is going on here? How can these people do this? How can they try to suppress these data?' It's still not entirely clear to me why they did it, but I do know how. They intimidate people into silence by saying that they're homophobic, antisex, and all kinds of other things people don't want to be called."

Ironically, during the time that this debate was going on, 68 new cases of AIDS were reported. The connection between promiscuous sex and AIDS was by now so obvious to some gays that they had started masturbation clubs, were seeking more stable relationships, and had begun to criticize those who were spreading the disease. "We Know Who We Are," an article by Michael Callen and Richard Berkowitz, two gays who have AIDS, was circulating in something like *samizdat* form before finally being printed by the Sacramento gay newspaper *Mom* . . . *Guess What!* They cited medical evidence that gays are particularly susceptible to the disease because of repeated shocks to their immune systems caused by treatment for other sexually transmitted diseases, and concluded that gays must take personal responsibility for their condition. "The present epidemic of AIDS among promiscuous urban gay males is occurring because of the unprecedented promiscuity of the last ten to fifteen years," they wrote. "The commercialization of promiscuity and the explosion of establishments such as bathhouses, bookstores, and back rooms is unique in Western history. It has been mass participation in this lifestyle that has led to the creation of an increasingly disease-polluted pool of sexual partners."

Yet, while there were individual efforts to try to control the disease, there was not enough support to make it a majority movement. In a study conducted early this year, three gay psychotherapists—Leon McKusick, William Horstman, and Arthur Carfagni—compiled questionnaire responses from 600 gay men and concluded that, while fears about AIDS were increasing and some modification of sexual activity had occurred, an alarming number of men were still engaging in high-risk behavior. An article about this study in the *Bay Area Reporter*, a leading gay paper, said that a large proportion of those interviewed were "continuing to engage in behavior that could transmit an AIDS infective agent—and at the same frequency as before they found out about AIDS." Perhaps most devastating of all was the finding that "the gay men surveyed are still poorly informed about the disease transmission or are unwilling or unable to change sexual patterns."

**T**HE LESBIAN/GAY Freedom Day march, scheduled for June 26, presented an opportunity for some remedial education—but also for disaster. An estimated 300,000 gays from all over the United States would be coming to San Francisco and could spread the disease to uninfected gay communities throughout the country, especially if they patronized the city's bathhouses, which feature precisely the kind of sex most likely to spread AIDS. On May 24 the Harvey Milk club met and finally voted 80-1 to put out a pamphlet warning of the sexual transmission of the disease. Members of the club, among them congressional aide Bill Kraus, also joined with other concerned gay leaders to try to persuade bathhouse owners to dispense condoms and post warnings that oral and anal sex greatly increase the chances of contracting the disease. Kraus recalls that "not only were the bathhouse owners totally incensed that we'd suggest that they do something, but the Toklas club made a statement saying that what we were proposing did not represent their policy. We wound up on the defensive, spending our time explaining how we weren't really breaking ranks, et cetera, et cetera."

In desperation, Kraus joined with Cleve Jones, a gay aide to San Francisco assemblyman Art Agnos, and with Ron Huberman, of the Harvey Milk club, and wrote a manifesto that was printed—after editor Paul Lorch sat on it for six weeks—in the *Bay Area Reporter*. "What a peculiar perversion it is of gay liberation to ignore the overwhelming scientific evidence, to keep quiet, to deny the obvious—when the lives of gay men are at stake," they wrote. "What a strange concept of our gay movement it is to care more about what they may do to us than about the need to spread the news about this disease to our people so that we can protect each other."

The letter convinced Supervisor Harry Britt to take a stand on the bathhouse issue. "I didn't think he'd have the guts to do it," says Randy Shilts. "But after Kraus, Jones, and Huberman published their letter, he finally saw that this was the side to be on and said in effect that we can't keep on humping like bunnies."

Others, however, saw the letter as treason to the gay cause. With the sophistry that was coming to dominate the debate, Toklas club president Randy Stallings wrote in a letter in the *Bay Area Reporter*: "No one knows what causes AIDS or how it is transmitted, but one thing is certain. If this illness is sexually transmitted, it can be transmitted from someone met in church as easily as from someone met at a bathhouse. To single out one type of gay business as somehow 'responsible' for the epidemic is to begin the process of destroying our community. . . . Labeling San Francisco as unsafe for our people is inaccurate and a direct attack on the social and economic viability of our community."



ED KASHI

**Harry Britt, the city's only gay supervisor, finally took a stand, urging gays to moderate their lifestyle.**



ED KASHI

**Hospital worker Catherine Cusic: "You see these young people die so quickly and in such agony."**



# IN LOS ANGELES, A COLD WAR

**T**HIRTY-ONE, GAY, and unemployed, Bill Harless battled a persistent cough all last winter with drugstore medications. But after losing 25 pounds in two weeks, he finally dragged himself down to County-USC Medical Center, expecting to be treated for chronic bronchitis. Instead, he was rushed into intensive care and diagnosed as having AIDS. The mysterious virus had destroyed his immune system, leaving him almost defenseless against a virulent strain of pneumonia. Harless survived, but his hospital discharge slip lists his condition as "guarded," a reminder that the doctors can do nothing but advise him to eat well and avoid stress. If another infection attacks before a cure for AIDS is developed, he is almost certain to die.

Bill Harless is one of 91 confirmed AIDS cases in Los Angeles County—up from 5 in June 1981. (State health authorities list, in addition to San Francisco's 154 victims, 14 AIDS cases in Alameda County, about 7 apiece in San Diego, Orange, and Sacramento counties, and some 40 more distributed throughout the rest of the state.) In Los Angeles, the good news is that the disease is spreading less rapidly than elsewhere. After an initial surge in reports in 1981 and 1982, the rate dropped well below the six-month doubling recorded in New York and San Francisco. The bad news, according to AIDS Project/LA, is that there are closer to 125 cases in the region, with two or three times that number going unreported and untold hundreds of people carrying the disease but showing no signs of illness as yet.

In the face of these figures, Los Angeles health authorities and gay activists are at pains to dispel the almost medieval phobias that have sprung up concerning the disease. In one recent instance, the city's health department had to reassure a citizen that Queen Elizabeth would not succumb to AIDS because she was served by gay waiters. In another, the department was called to the rescue of an AIDS-stricken office worker whose panicky colleagues wanted him laid off. Contrary to widespread belief, however, the syndrome is not aggressively contagious, and casual social or physical contact with an AIDS carrier seems to pose little danger.

Random, anonymous gay sexual encounters, on the other hand, are



**Harless: If another infection hits, he is almost certain to die.**

perilous, especially if they involve rupture of the rectal tissue. Unlike its San Francisco counterpart, AIDS Project/LA notes this danger quietly but forthrightly in its literature, and the message seems to be getting through. Ervin Munro, the project's executive director, cites Los Angeles's declining gonorrhea rates as evidence of increasing prudence on the part of gay men.

Ensnared amid piles of leaflets, batteries of telephones, and squads of volunteers, Munro is waging a rather fastidious war against AIDS from an office on Hollywood's Cole Avenue. Here, those stricken with the disease are referred to as "patients," not victims, and AIDS is not perceived as a "gay disease," even though 88 percent of the county's cases involve homosexual men. At this stage Munro sees no need for a hard-hitting publicity campaign or a crackdown on gay bathhouses and prostitutes.

But consider the story of a twenty-year-old Texan we'll call Jerry, a male hustler on Santa Monica Boulevard. Like "Typhoid Mary," Jerry carries a lethal communicable disease. AIDS has left him riddled with herpes and wracked by internal bleeding. "He's a walking time bomb," says Albert Ogle, an Episcopalian clergyman who works among Hollywood's "run-aways and throwaways." Ogle met Jerry last April and tried to find a place for him in a hospice or halfway house, but at the time there were no such facilities for AIDS victims. Ogle

finally orchestrated a reconciliation between Jerry and his father and sent the youth home. Five weeks later Jerry was back on the boulevard, and Ogle washed his hands of his former charge. "We can't live his life for him," says the clergyman. Though Ogle's exasperation is understandable, it sidesteps the fact that, while Jerry was hustling (he has since landed a job), he was exposing his clients to a life-threatening disease.

Most gay leaders are hesitant to confront the central issue in cases like Jerry's—the apparent need for urgent measures to contain the spread of AIDS while the search for a cure is under way. Gays tend to become suspicious at the mere mention of such steps. "They think they're all going to be thrown into concentration camps and fried alive," says Nathan Fain, who has written extensively on AIDS for the gay newsmagazine *The Advocate*. Others believe a clampdown on bathhouses or hustlers would focus attention on aspects of the gay lifestyle best kept under wraps right now, for fear of fueling antigay bigotry.

As far as Ervin Munro is concerned, the situation is under control. His organization asks AIDS patients to tell sex partners of their condition and blithely assumes that reason will prevail. Dr. Shirley Fannin, of the county health department's communicable disease program, concurs. "We really can't control the personal lives of people or commercial sex," she says. "I'd rather take my chances than live in a society in which gays are thrown in jail." Fannin, however, misses the point. Nobody's talking about jailing men like Jerry, and it seems shortsighted to mistake an illness for a civil liberties issue.

As a scientist, Fannin feels our understanding of AIDS is so limited that ten years hence we will laugh at some of the control measures currently under discussion. If she's wrong, though, hundreds and perhaps thousands of AIDS victims won't be around to savor the punch line, Bill Harless among them. Still gaunt, weak, and spectrally thin four months after winning his first round, he faces his future with admirable poise. A Tennessee native, Harless came to Los Angeles seven years ago in search of gay freedom. "Now look what I've got," he says, but quickly adds, "I have no regrets about the choices I've made. I've lived to the fullest. I'm ready." —Rian Malan

But others tried to get Mervyn Silverman to close the bathhouses for the parade weekend. The public health director's response was, "It is not the bathhouses that are the problem—it's sex. People who want to have sex will find a way to have it." Shilts points out the consequences of such logic: "If one guy has sex with ten guys in a night—and some do—the risk becomes 1 in 33 for this guy. And he can take his dormant case of AIDS back to Iowa or wherever and start it going there." And Shilts sees an ultimate irony in all this: "People organizing the march want large numbers so they can have a show of force to press the federal government on AIDS research."

Shilts got so upset by the posturing and procrastination that he spent a day lobbying the board of supervisors and the mayor, eventually securing a commitment that literature specifying the risks of bathhouse sex would be distributed to patrons. At first Silverman denied that he had the authority to enforce such a request. However, Mayor Feinstein (who was on the verge of signing sweeping legislation regulating smoking in the workplace) quoted to him the article of the city code giving him the power to act. Finally Silverman met with bathhouse owners in a mood of new realism. "Their businesses are likely to be affected if people keep dying from this damned thing," he said. "It is in everybody's best interest—through altruism and humanitarianism, but also capitalism—to get this thing taken care of."

**P**RIVATELY, MANY GAY spokesmen claim that they would like to see the bathhouses closed altogether. They worry about the conclusion that can be drawn from the spread of AIDS—that homosexuality can be hazardous to one's health. But some activists insist that the bathhouses must be defended precisely because they are the center of the most extreme form of public gay sexual behavior. And so the bathhouses have become a perverse and inchoate symbol of gay liberation itself.

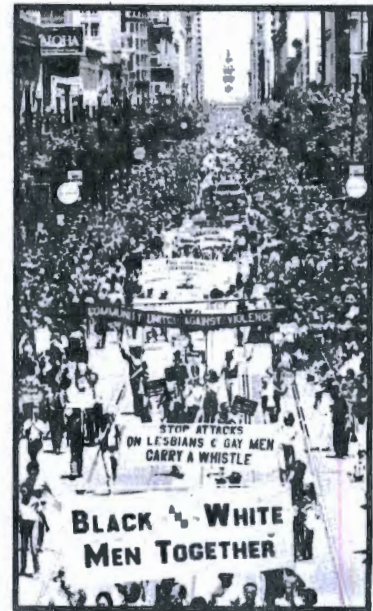
Gay freedom parade cochairman Konstantin Berlandt is a former editor of UC Berkeley's *Daily Californian* and antiwar activist. He sees the proposals to close the bathhouses as "genocidal" and compares them to the order requiring homosexuals to wear triangular pink shirt patches in Nazi Germany. Berlandt wrote a *Bay Area Reporter* account of the first closed meeting of concerned gays and bathhouse owners, which was widely credited with torpedoing the effort to get them to inform patrons that they were at risk. "We fought Anita Bryant and John Briggs, and we'll fight against AIDS—every time the community has been attacked the parades have been larger," he says, defending his opposition to the warning. "You have a situation where institutions that have fought against sexual repression for years are being attacked under the guise of medical strategy."

The freedom parade's program, produced by Berlandt, carries the political line on AIDS in an article subtitled "The Government Turns Its Back on AIDS Patients," written by Pat Norman. "The response to the medical dilemma of the people who have AIDS," she writes, "is to label them carriers of the 'plague'; the plot seems to target the patients as responsible for contracting the disease because of their assumed sexual behavior and/or use of illicit drugs."

Despite mounting medical evidence, Berlandt believes that transmission of the disease via bodily fluids is nothing more than a "theory" being used to attack the gay lifestyle. "I haven't stopped having sex," he says. "I feel that what we're being advised to do involves all the things I became gay to get away from—wear a condom, that sort of thing. So we have a disease for which supposedly the cure is to go back to all the styles that were preached at us in the first place. It will take a lot more evidence before I'm about to do that."

For gays who have worked hard and, so far, unsuccessfully to get the community to face up to the consequences of AIDS—to its symbolism and its reality—such a statement represents denial at an elemental level. It is an inability to admit the magnitude of what is unfolding and an inability to accept responsibility for the role that personal excess has played in this health crisis. It is an inability to at least moderate behavior while research seeks a vaccine or even to change behavior and move on to the next stage of the gay movement. It also represents a mentality that insists on making a political and ideological argument out of what remains, above all else, a personal tragedy.

Catherine Cusic, in addition to working with the Harvey Milk club's health services committee, is a respiratory therapist at San Francisco General Hospital. What she sees there in the intensive care unit gives her a perspective that gay politicians and ideologues do not have. "It's my job to take care of patients unable to breathe on their own, without the help of a machine—in other words, the dying AIDS patients," she says. "You see these young people come in and die so quickly and in such agony. Their family comes in and watches. It's terrible when parents outlive their children. In some sense what I witness is political for me. I say to myself, 'We're queers. They don't care about us. They're glad we're dying.' But it's also personal. I watch these young men die. Their mothers start to cry. Their lovers have been sitting in the room, smiling and smiling, and then I see them at the elevator just standing and sobbing. It's horrible. And it's a horrible death. The patients waste away until they look like Dachau victims in the end. I see all this happen, and I have to admit that some of those responsible are gay leaders. In my mind they're criminally negligent. They've betrayed their own community."



MICK HICKS

**Lesbian/Gay Freedom Day: How many of the thousands of marchers would take the disease home?**



LISA KANEMOTO

**Freedom day parade cochairman Konstantin Berlandt: "It will take more evidence before I stop having sex."**

# Fear of AIDS Borders on Panic In Gay Capital of America

By THOMAS D. ELIAS  
SAN FRANCISCO

**H**ERE in the gay capital of America, fear of the mysterious new disease AIDS — acquired immune deficiency syndrome — borders on panic:

■ Two San Francisco policemen wrote a letter asking the Democratic National Committee to move its 1984 political convention elsewhere because "thousands of people could be exposed to a deadly disease."

■ Dentists in the Bay Area have taken to wearing thin gloves while they work. "That's an appropriate precaution," says Dr. Mervyn Silverman, San Francisco's director of public health. "We think it's transmitted in the blood and no other medical professionals get so much blood on their hands."

■ City gardeners cleaning up after last weekend's Gay Freedom march — attended by 200,000 homosexuals — refused to work without special disposable plastic suits and gloves.

■ Three San Jose nurses resigned after refusing to treat an AIDS patient. "That makes no sense," says Dr. John Ziegler, a University of California Medical School professor who two years ago wrote the first academic paper on AIDS. "Not a single health professional who has treated AIDS victims has caught it from them. I've been seeing AIDS patients for more than two years myself."

■ Hospitals have begun to irradiate all blood used in transfusions

with X-rays before administering it. "Since 40 percent of the blood donated in San Francisco comes from gays and you don't know who might have AIDS, this is a real concern," said Dr. Peter Elias, chief of dermatology at the local Veterans Administration hospital.

■ One disease victim was evicted from his apartment while he was still in the hospital. Another said his roommate of 15 years threatened to shoot him if he didn't move out.

"I'm more scared than I've ever been, says Michael, a 35-year-old homosexual who has just emerged from the Liberty Baths, a sort of sexual YMCA on Post Street.

The response here to the unchecked epidemic of AIDS is more severe than anywhere else in the country because more than 70 percent of the disease's victims are male homosexuals and San Francisco has the nation's highest concentration of gays — about 150,000 of the city's 630,000 citizens. Other high-risk groups are Haitians, hemophiliacs and intravenous drug users.

AIDS kills its victims by knocking out their immune systems and leaving them easy prey to normally mild infections.

"This threatens to raise a national specter of homophobia, since this is a pariah group anyway," says one physician.

But while fear also affects straights in the San Francisco Bay area, it runs strongest among homosexuals, who have lived an open, pro-

miscuous lifestyle here for the past 10 years, with bathhouses the center of sexual activity for thousands.

The lengthy AIDS incubation period, ranging from seven months to three years, contributes to the fear.

"No one knows who has it," said Chuck, a grocery clerk in the mostly-gay Castro District. "It could be me or my roommates. We could all be walking time bombs."

That possibility contributes to revulsion against homosexuals by straight San Franciscans, the gays say.

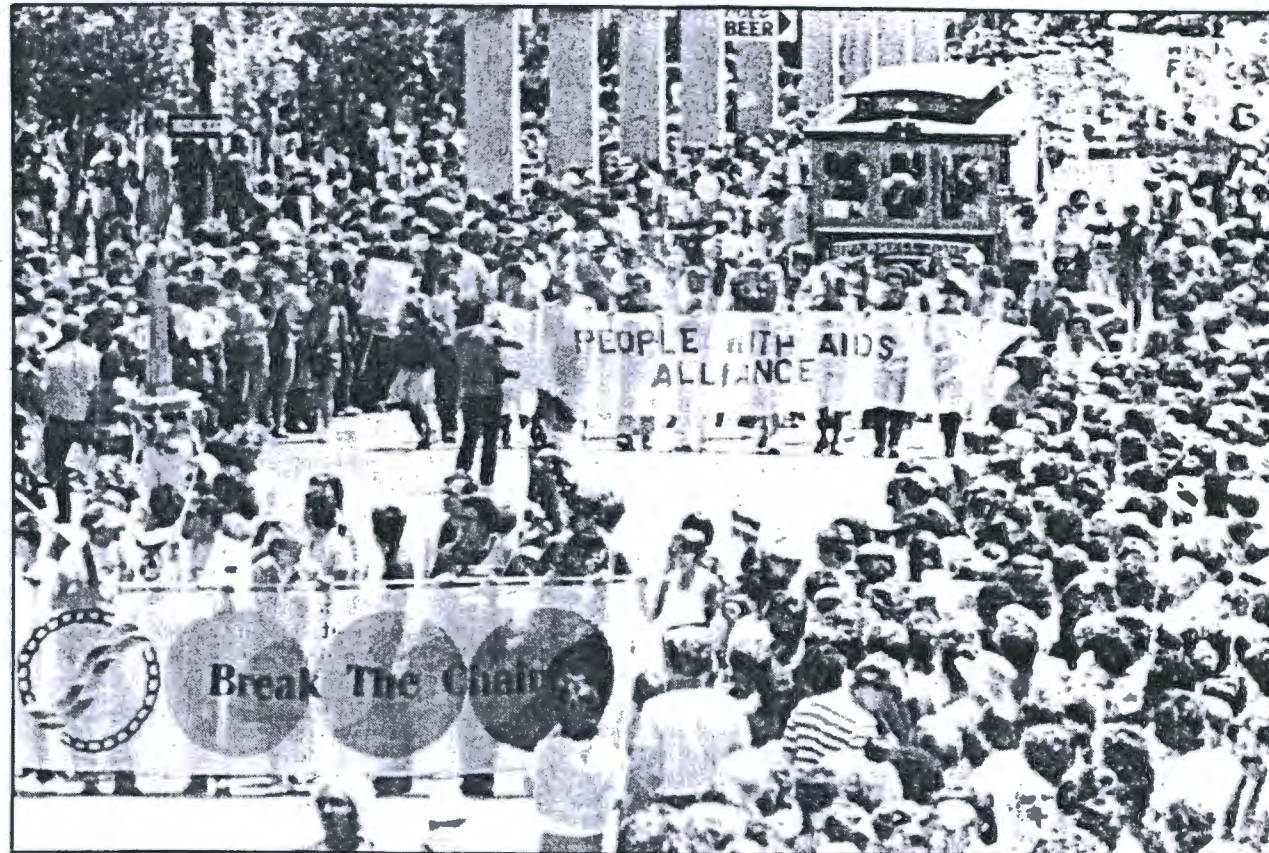
"It's just another excuse for prejudice," says Kevin Stires, a reporter for the local weekly gay newspaper. "They choose to believe they can get it from a handshake or just being in the same room with us."

But gays have also begun to change their lifestyles in recognition of the disease.

"Now when you meet a person in the bathhouse, you don't just hop into bed and ask his name later," said John, a bathhouse employee. "Everything used to be sex. But not any more. And when you go into a gay bar, you don't see everyone taking sips out of each other's glasses any more either. There's some real fear."

One result: Pharmacies in the Castro District report large increases in condom sales.

Some heterosexuals see AIDS, with its nearly 100 percent death rate among those whose cases are



A contingent of AIDS victims march during Gay Freedom Day Parade in San Francisco.

UPI photo

more than two years old, as moral punishment for the free and open homosexual lifestyle here.

"It sure looks like some form of retribution," said Henry Wexley, a 33-year-old city bus driver whose route runs through Castro. "Why else would a disease affect almost no one but (homosexuals)?"

Doctors have another, less cosmic, explanation. "It apparently is trans-

mitted through bodily fluids," says Silverman, the city health director. "The germ or virus seems to need a warm, moist environment to survive."

A majority of disease victims have been men who frequently practiced anal intercourse, which often causes bleeding. Only 70 females have contracted AIDS, none fatally so far.

Some victims have also been drug

addicts who probably used dirty hypodermic needles. But doctors aren't sure why there is a link to male Haitians.

And the fear grows daily as long as there is no definite explanation of how AIDS starts.

Thomas D. Elias is a reporter for the Scripps-Howard News Service.